THE

TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

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WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

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Yearly Subscription $3.00 in advance. | NEW YORK AND PHILADELPHIA, OCTOBER 19, 1889. | Single Numbers 10 cents.

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Merck's Pepsin 1:2000!

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SEE "MERCK'S INDEX," PAGES 106 AND 167

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FORMULA.

Ten minims of the Tonic contain the equivalents (according to the formulæ of the U. S. P. and Dispensatory) of:

Tinct. Nux Strychnos	1 minim.	Tinct. Gentian	½ minims.
" Ignatia Amara	1 "	" Columbo	½ "
" Cinchona	4 "	Phosphorus, C. P.	1-300 gr.
" Matricaria	1 "	Aromatics	2 minims.

DOSE.—Five to ten drops in two tablespoonfuls of water.

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PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATAXIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

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Distilled Water	35 "	Salicylic Acid	1-4 "
Soluble Pancreatin	5 Grains.	Hyocholic Acid	1-30 "

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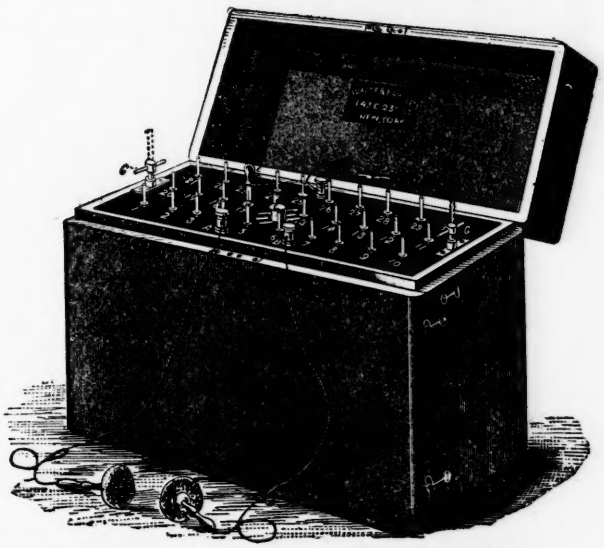

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PIL. SALINE CHALYBEATE TONIC (FLINT'S).—In the New York *Medical Journal* (May 18, 1889), Prof. Austin Flint, M.D., speaks very highly in favor of the following formula as a tonic in Bright's disease, and also in simple anæmia, stating that he has given it in nearly every case in private practice in which a chalybeate tonic was indicated for some time past, and in only one case out of thirty-five did it fail to cause marked improvement. Prof. Flint states also that in five cases of Bright's disease, of which he has notes, this formula was the only medicinal remedy employed. In all cases the tonic seemed to exert an influence on the quantity of albumin in the urine. Dr. Flint's formula is as follows:

R.—Sodii chloridi (C. P.)	℥iij.
Potassii chloridi (C. P.)	gr. ix.
Potassii sulph. (C. P.)	gr. vj.
Potassii carb.	gr. iij.
Sodii carb. (C. P.)	gr. xxxvj.
Magnes. carb.	gr. iij.
Calc. phos. præcip.	℥ss.
Calc. carb.	gr. iij.
Ferri redacti	gr. xxvij.
Ferri carb.	gr. iij.

M.—In capsules, No. 60.

Sig. Two capsules three times daily, after eating.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects.

This formula is now furnished by Parke, Davis & Co. in pill form, and reprints of Dr. Flint's article from the New York *Medical Journal* will be sent to doctors indicating their wish for them.

A WANT advertisement in a suburban paper is trying to find "a wet nurse for a baby not more than twenty-five years of age."

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No. 1,	Length	63	mm.,	Diameter	7	mm.,	4	Holes	-	-	-	-	$1 25 per dozen.
No. 2,	"	63	"	"	8	"	4	"	-	-	-	-	1 25 "
No. 3,	"	76	"	"	9	"	5	"	-	-	-	-	1 40 "
No. 4,	"	88	"	"	9	"	6	"	-	-	-	-	1 55 "
No. 5,	"	102	"	"	9	"	7	"	-	-	-	-	1 70 "
No. 6,	"	114	"	"	9	"	8	"	-	-	-	-	1 90 "
No. 7,	"	126	"	"	10	"	9	"	-	-	-	-	2 10 "

RAW CAT-GUT.

Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

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This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (*Italics* ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

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A complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power

℞.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

N. B.—The pills being made *without excipient*, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

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Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with *Rheumatism* and *Hyperæsthesia* which was very general, and also with *Asthma*, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, *Rheumatism and Acute Sensitiveness were no more*, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using *Febricide* the change was like magic."

Dr. C. E. Dupont, of Grahamville, S. C.: "*Febricide* has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxæmia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

P. M. Senderling, A.M., M.D., of Jersey City, N. J. writes: July 13 I was called upon to visit a lad aged 18 years, who had been suffering for over two weeks with, as alleged, "Inflammatory Rheumatism," and had been attended by another doctor and discharged as convalescent a week prior to my first visit. I found him in this condition; pulse 110; temperature (under tongue) 103 3-5; the right knee-joint greatly swollen and intensely painful, a troublesome diarrhœa also present. Careful inquiry and examination demonstrated to my mind that the difficulty or "Materies Morbi" was clearly traceable to malarial influence. I at once placed him under the treatment which for years I had found most efficient, but up to the 16th I had utterly failed to reduce either his temperature or frequency of pulse. On my morning visit of 16th I found his condition thus; temperature (under tongue) 104 2-5; pulse 116 and his general condition indicative of great suffering. I at once suspended all other treatment and gave him one pill 'Febricide" every three hours. At 8 P.M., 16th inst. I found my patient much better, his temperature had fallen to 102; pulse 96; and his general appearance indicating decided improvement in every particular. On 17th his temperature had fallen to 101 1-5; pulse 90. 18th 100 1-5; pulse 90, and with great improvement in condition of knee-joint, the swelling, abnormal heat and sensitiveness were entirely gone. I am so confident this case will speedily and perfectly convalesce, that I do not deem it necessary to delay communicating the result of my first trial of the "Febricide." I will say that in this case antifebrin and antipyrin were successively tried in full doses, and to meet the synovitis, full doses of quinine and salicylate of soda were also used; the local treatment being alkaline lotions which I did not discontinue.

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I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,

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"STANDARD." Fig. No. 6.

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"STAR." Fig. No. 18.

Figure No. 18.—Illustrates the STAR raised at both foot and back for relaxing the abdominal muscles. The stirrups and step are drawn out.

Figure No. 10.—Illustrates the STANDARD set with double inclination. The patient gets upon the step with her left side toward the table and adjusts her clothing, rests her thigh across its end, reclining upon her left side, carrying her left arm back and her left ankle upon the rest, her right knee over and above its fellow against the guide, and her head upon the pillow. The physician then tilts by means of the sliding levers. The patient will be comfortable for any reasonable length of time, and no physician need say, "I cannot use Sims' Speculum, or utilize the side position without the aid of a skilled assistant." Let down the inclinations before the patient descends.

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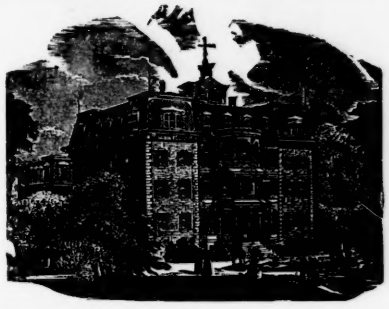

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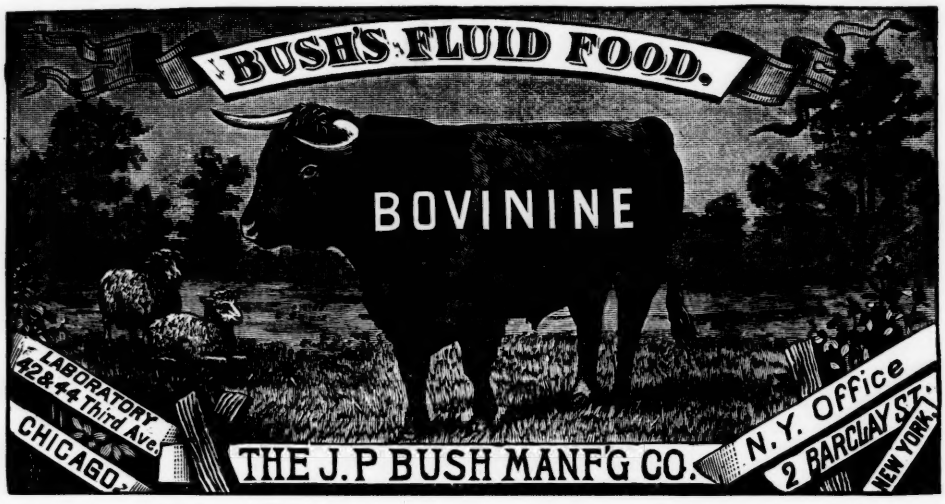

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RAW FOOD EXTRACTS AND THEIR VALUE.

FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

BY B. N. TOWLE, M.D, OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied.

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

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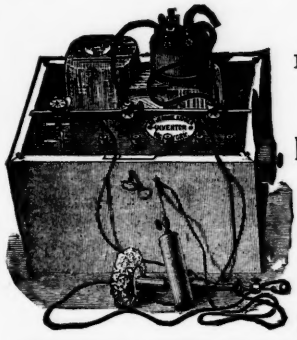

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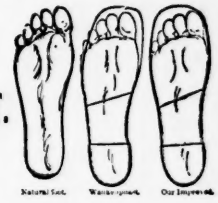

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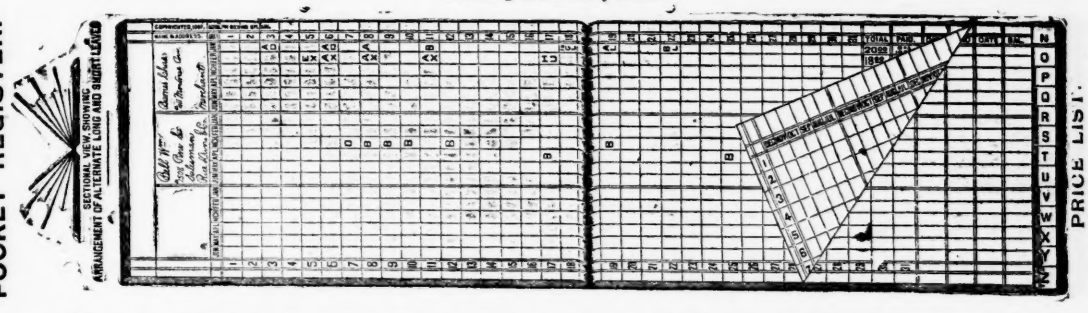

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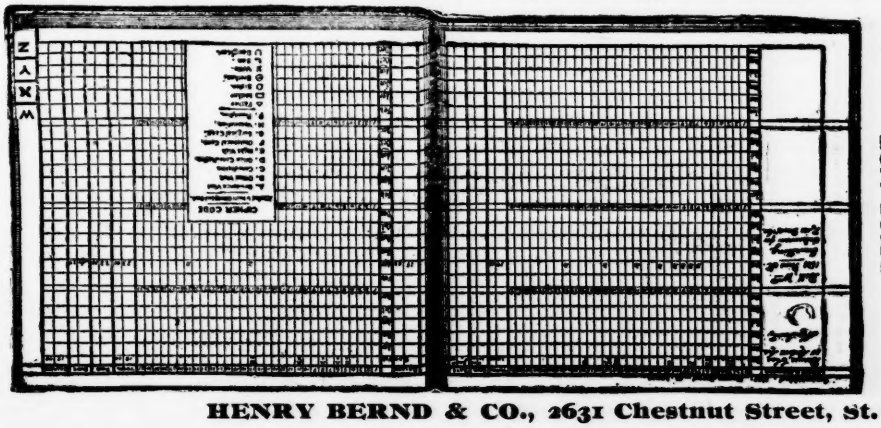

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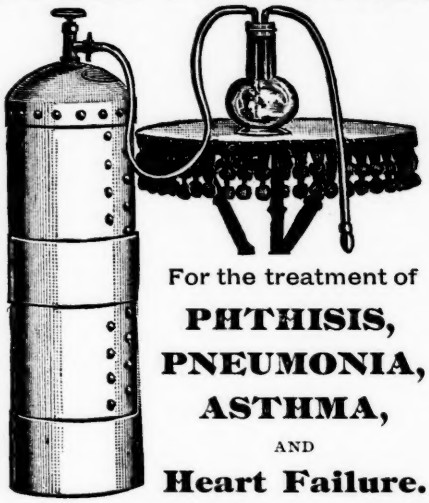

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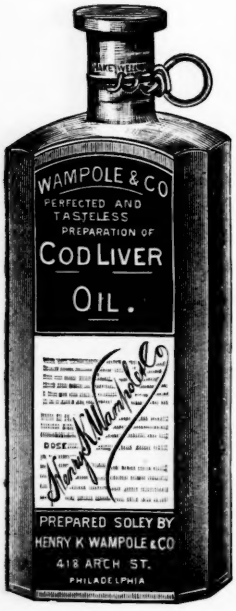

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Philadelphia Medical Times. Vol. XX, No. 580. NEW YORK AND PHILADELPHIA, OCTOBER 19, 1889. The Medical Register Vol. VI, No. 146.

Original Articles.

HÆMATOMA OF THE VULVA IN THE NON-PUERPERAL STATE.

WITH A REPORT OF THREE CASES.

BY KINGMAN B. PAGE, M.D.,
NEW YORK CITY.

Hæmatoma of the vulva, "a tumor formed by a mass of clotted blood effused into the tissue of one labium or the areolar tissue immediately surrounding the wall of the vagina."
—T. GAILLARD THOMAS.

ALL our standard text-books on midwifery mention this injury as one of the complications of labor, but the literature of the subject of its occurrence in the non-puerperal state is but scant indeed, and by many gynæcological writers of systematic treatises is totally ignored.

Authors differ widely as to the frequency of its occurrence. Thomas[1] states that, "in an experience of thirty years I have met with but three cases;" while Velpeau claims it to be as frequent in the non-puerperal as in the puerperal state. Grailey Hewitt[2] writes: "This is not by any means a common affection," and regards it in its relations to the puerpera. By West and Duncan[3] it is ignored. Nonat et Linas[4] mention it, without giving cases, as the result of blows, falls, or as an accident of awkward coitus. Barnes[1] refers to it only in its obstetrical light. Schroeder[2] briefly mentions the case of Von Franque's and dismisses the subject. Winckel[3] writes: "Altogether, I have seen five cases in the non-gravid state."

We have here the testimony of gynæcologists of great experience, several of them being residents of the great cosmopolitan cities of New York, Paris, London and Berlin, as to the rarity of the injury; while Velpeau stands alone in his opinion.

An anatomical study of the vulva discovers a large vascular plexus situated comparatively superficially, surrounded by tissues which are also exceedingly vascular.

A slight injury to these parts readily causes an extravasation of blood, and severe violence, rupturing some of the larger veins or even the bulbs themselves, causes an extravasation of blood in such quantities as to seriously collapse the patient. By its anatomy we can clearly see that in a rupture involving the larger veins and the bulbs, there is nothing but the highly elastic and distensible tissues of the labia majora to form the sac and exert a restraining influence. This explains the extraordinary size and capacity of the hæmatoma in one of the cases I shall report.

The question will now arise, How is it that, with tissues so favorably constituted for the formation of blood extravasations, they so rarely occur?

[1] "Diseases of Women."
[2] "Diseases of Women." Amer. Ed.
[3] "Diseases of Women." Eng. Ed.
[4] "Maladies de l'Uterus."

[1] "Diseases of Women." Amer. Ed.
[2] "Diseases of Female Sexual Organs." Vol. X, Ziemssen's Cyclopædia.
[3] "Diseases of Women." Parvin's Ed.

The true explanation, I believe, will be found in the following lines, quoted from Dr. Ranney's monograph:[1] "In the nude, erect female, only the mons veneris is seen; the external genitals being hidden by the thighs."

So that the violence of falls, blows, etc., is usually received on the mons veneris or thighs, the vulva escaping, except in those cases where the woman, taken by surprise, or as the result of careful and purposely delivered blows, receives them directly on the external genitals.

The nature of the injuries which have caused a vulvar hæmatoma are as many and varied as those which cause any other surgical lesion. Nonat et Linas cite awkward coition; Von Franque, straining at stool; Gempe, in a nurse, twenty years of age, who had lifted patients a good deal; Winckel, the result of a fall against the side of a bath-tub. In my cases, one was caused by a fall astride of the rung of a ladder, the second by a well-applied kick, the third the result of a fall against the corner of an ice-box.

The symptoms are the formation of a tense, elastic, non-fluctuating tumor in the labium, following local injury, accompanied by more or less collapse and pain.

The treatment: cold applications, pressure, or incision and drainage.

I have been extremely fortunate in my experience with this injury, having had under my charge three cases in the past two years, two of which are of more than ordinary interest.

HÆMATOMA—RIGHT LABIUM MAJUS.

CASE I.—Miss R. M., aged nineteen years, on December 18, 1887, while hanging a picture, slipped and fell astride the rung of a step-ladder. She managed to get up from this awkward position unaided, but was immediately seized with an attack of vomiting and faintness, with severe pain in the region of the groin.

I saw her about two hours after the accident, and on examination found that a tumor about the size of a hen's egg had formed in the right labium majus. Ice was at once applied, and cold applications kept up for several days; the pain at no time was very severe. Under this treatment the swelling diminished somewhat; the cold applications were discontinued, and mild counter-irritation used for a period of ten days, after which time all treatment was discontinued, and at the expiration of a month the patient reported the swelling to have totally disappeared.

HÆMATOMA COMPLICATED BY CHANCROIDAL INOCULATION.

CASE II.—Miss May H., aged twenty-six years (an obstetrical virgin), on the night of 6th of November, 1888, received from her "friend," as a slight punishment for inoculating him with a chancroid, a well-applied kick on the vulva. The woman went into a state of depression almost amounting to collapse, on which her gallant "friend" immediately deserted her. She was found in this condition some hours afterward by the other inmates of the house, by whom she was dosed liberally with brandy without her true condition being understood.

A physician resident in the locality was called in, and seeing the serious condition of the patient, recommended her removal to the hospital, refusing to take charge of the case. Late in the afternoon of the next day I was requested to see the case. The patient was a finely-developed blonde, syphilitic. By this time she had recovered somewhat from the shock, but was too much "exhilarated" to give any sensible account of herself, or to admit of any extended local treatment. Ordered ice-bags to the vulva, and abstention from liquor. November 8 the patient had somewhat recovered from her debauch. Complained of severe pain and throbbing in genitals. The woman was placed on a table; a thorough examination revealed a shocking condition. The whole vulva was greatly swollen, especially the left labium majus which was swollen to the size of an orange. The nymphæ were torn, the frenum torn from the clitoris, and the clitoris itself lacerated. There had been quite a profuse hæmorrhage from these lacerations. The edges of several of the larger tears were trimmed off and united; the whole vulva freely irrigated with corrosive sublimate solution, 1–2000, then covered with iodoform gauze, and the ice-bag reapplied. She then passed out of my hands until December 1, when I was again requested to take the case. As to what had been done in the meantime I have little knowledge, as Miss H. was very non-communicative, save that she had gone to the country, and the "thing had burst." Professional interest was the only inducement which I had to take the case, and it rewarded me.

Examination revealed, if possible, a worse condition than before. The hæmatoma had discharged, as the patient stated, and had undoubtedly become infected (from the chancroid, which she admitted having at the time of the injury). In place of the tumor was found a large cavity, whose walls were sloughing, and formed on one side by the vagina, superiorly by the abdominal skin, externally and inferiorly by the skin and subcutaneous tissue of the thigh. The inguinal and femoral glands had suppurated, the labium of this side was totally destroyed, the right side was comparatively in good condition.

Nitric acid was, as freely as compatible with safety, applied to the sloughing tissue, constant irrigation with corrosive sublimate solution 1–3000, used for nearly a week, at the end of which time the wound looked somewhat cleaner and better. Strong nitrate of silver solution was then applied to greater parts of the sides of the wound, and iodoform dusted on. This treatment was continued for two weeks, at the end of which time the wound looked nearly healthy. Simple iodoform dressings were used with balsam of Peru, until the whole surface of the ulcer, save a part about two inches square, had healed. This surface obstinately refused to heal; resort was then had to skin grafting, and finally, by this means, the ulcer was healed; at the expiration of five months from the receipt of original injury, as a result of which the

[1] "Topographical Relations of the Female Sexual Organs." A. L. Ranney, M. D. William Wood & Co., N. Y., 1883.

patient was left minus the left labium majus and minor, and the vagina much distorted and drawn to the left.

CASE III.—Mrs. Marie R., forty-four years of age, M. VI para. Mrs. R. had been hanging her wash from the fire escape, and in re-entering the room by the window fell, with her legs wide apart, on the corner of the ice-box. She fainted, and on gaining consciousness, had a severe vomiting attack, and suffered greatly from shock. Her family much frightened by the syncope, called in the nearest physician, who happened to be an irregular. He directed cold applications, and gave a narcotic for the painful tense swelling he found in the right labium. The case remained in his charge for ten days; the tumor gradually increasing in size and becoming more painful, the patient, in the meantime, passing but little urine —twenty ounces per diem. During this time he alternated hot and cold applications.

On June 3, the tenth day of the injury, the swelling rapidly increased in size, and the pain became intense, on which he resigned the case, stating that it necessitated the services of a surgeon.

On June 4, 3 A. M., the pain during the night had been so intense that on recommendation of a relative on whom I had recently operated, I was requested to see the case. A hurried examination showed the necessity of operative procedure, as the tumor wat the size of a large cocoanut and tense as a drumhead. I gave the patient a hypodermic of morphine to relieve the pains; by catheter obtained urine for examination, tumor interfering with micturition. Urine examined—sp. gr. 1026, no albumen, no sugar, large quantity mixed urates, reaction neutral, color deep yellowish red.

Operation at 2:30 P. M., was in presence of Dr. J. H. Forman, and one of my students, Mr. Chas. S. Woodward. When the patient was placed on the table we were all surprised at the great extent of the ecchymosis. The whole abdomen from the sternum to the pubis, round to the spine and down thigh to knee on the right side, was mottled by blue, dark green and yellowish coloration, producing a most striking appearance. The tumor, as large as a cocoanut, prevented the thighs from being brought into apposition; but it was only on separating them that the size of the hæmatoma was realized. Extending from the mons veneris to the anus, and overlapping the whole left side of the vulva was a tense, elastic, non-fluctuating, exquisitely tender swelling, involving the right labium majus, and presenting the same mottled coloration so striking on the abdomen. Ether was administered by Dr. Forman. The mons and labium were shaved, scrubbed with soap and water, washed with bichloride 1–1000, and then with iodoform ether. An incision two inches in length was made on the under side of the tumor, and twenty ounces of black clotted blood evacuated, the cavity scraped out with a Thomas blunt curette. The extent of the cavity and its boundaries was then ascertained. The bulb of the vagina had been ruptured, and the extravasated blood was effused under the subcutaneous tissue of the mons, down the internal surface of the thigh and backward to the anus. The whole hand could be introduced without difficulty. The cavity was thoroughly irrigated with bichloride 1–2000. A drainage tube was introduced, and an iodoform dressing applied, which was covered with rubber tissue, retained in place by a T bandage, vagina irrigated and tamponed to cause pressure on dressing in wound. Saw Mrs. R. again the same evening. She had recovered from the ether, but had only passed two ounces of urine; ordered to drink a glass of water hourly.

June 5. Complains of pain during the night, which passed off toward morning; passed but little urine, no albumen; has a sense of constriction in chest; examined dressing; no hemorrhage.

June 6. No pain. Moved bowels with citrate of magnesia. Quantity of urine passed in twenty-four hours about four ounces; no albumen. Has slight ether bronchitis. Pulse poor. Complains of weakness. Continued drinking cold water. No headache.

June 7. Examined wound. No hæmorrhage or suppuration. Withdrew drainage tube. Slight swelling over mons. Urine increasing in amount. No pain. Bowels moved. Bronchitis improving.

June 9. Wound healing by first intention. Swelling over mons the same. Slight induration in the perineum. Urine nearly normal in amount.

June 12. Patient sat up for a time. Wound nearly healed.

June 16. Urine normal in quantity. Bronchitis ceased. Labium still a little enlarged. Feels perfectly well.

June 20. Discharged. The vivid mottling of the abdomen still present. Patient informs me that it lasted for a period of nearly two months.

I have detailed this and the preceding case at some length for the purpose of comparison. They are worthy of it. The second case shows the result of neglect and the mutilation resulting from it, while the last case shows the results to be obtained by thorough and careful antisepsis.

My cases have been numerically too few in number to afford substantial ground for deductions as to treatment, but in any case when, after a full trial of the controlling influences of cold applications, we meet with failure, the tumor either increasing in size or not showing signs of re-absorption, as in case 3, when the tension is so great as to threaten spontaneous rupture, I believe that it is our duty to open the sac, and thus rapidly end the danger.

312 EAST 116TH STREET.

THE MODE OF ENTRANCE OF THE BACILLUS TUBERCULOSIS INTO THE SYSTEM.

BY LAWRENCE F. FLICK, M.D.

ONE of the most important questions to be settled about the etiology of tuberculosis, is how the bacilli gain entrance into the system; for the prophylaxis against the disease depends largely upon its solution. It is generally held that they gain admission through the lungs by inhalation. This view has apparently been accepted without much inquiry as to its correctness, and even many interesting experiments have been performed to bolster it up, al-

though it is upon its face entirely at variance with the teachings of physiology and of clinical experience.

It is generally admitted that the bacillus tuberculosis cannot live in the air unless protected by some foreign substance, such as pus, or, in other words, that it cannot maintain its existence when isolated. Those who hold the theory that it is inhaled, claim that it gains admission through the medium of pulverized sputa, which is wafted about as dust. Now, the first question that arises is, can pulverized sputa be inhaled? or, to put it more precisely, can it be carried to the air cells or even into the bronchioles by the inspired air? A careful study of the mechanical construction and of the physiological conduct of the respiratory tract would lead us to believe that foreign bodies of any material size cannot readily be carried into the lungs by the air. It is a law of physics that a foreign body carried by the air will be deposited upon the first obstruction that can resist the force of the air that carries the body. Nature has laid obstructions in the way of foreign bodies all along the respiratory tract, thereby indicating that nothing was to enter that tract but air. The stiff hairs in the nostrils, the formation of the nose and pharynx, offering many surfaces for the impingement of foreign bodies, and above all the high sensitiveness of the mucous membrane lining the respiratory tract, whereby an expulsive effort is brought about the instant a foreign body touches it, are all safeguards against the introduction of foreign bodies into the lungs by means of inhalation. It is questionable therefore whether enough dried up tubercular sputa could be carried into the lungs by the inspired air, and if it could be carried in whether it would be allowed to remain there for a sufficient length of time to set up tuberculosis.

But even admitting that some pulverized dried-up tubercular sputa may pass all the barriers set up by nature and gain admission into the lungs with the inspired air, and having been deposited upon the respiratory mucous membrane, may resist all expulsive efforts to dislodge it, how will the tubercular bacillus get into the lung tissue? It will have to go in either by absorption or by penetration, for in most cases of tubercular inflammation of the lungs the disease is in the lung tissue itself and not upon the mucous membrane. If it enters by absorption it is taken up by the lymphatic system and carried into the circulation, thus taking a roundabout way to get into the lung tissue. If it enters by penetration it must first escape from the pus in which it has been imbedded, and as soon as it does so it is exposed to the germicidal influence of the air. In the event of either method of entrance it must, moreover, run the gauntlet of the phagocytic power of the blood. Now, considering the small amount of dried up tubercular sputa that can gain entrance into the lungs by inhalation, and the difficulties which the tubercular bacillus necessarily encounters in its efforts to get into the lung tissue and to establish a colony there, it looks very improbable that inhalation is the ordinary method by which the tubercular bacillus gains entrance into the system.

The inhalation theory of the tubercular bacillus is equally at variance with clinical experience. The fact that tubercular inflammation mostly begins in the apices of the lungs instead of in the base, the appearance of the disease primarily in the membranes of the brain, in the alimentary tract, in the pleuræ, and in bones and such glands as the ovaries and testicles, and the immunity of the many persons who are constantly exposed to inhalation of tubercular sputa dust, are all clinical phenomena which militate against the theory. If the tubercular bacillus gains entrance into the system by inhalation, we ought always to find the primary tubercular disease in the base of lungs or in the lymphatic glands. Of all parts of the lungs the apices are the least likely to become the receptacles of foreign matter by inhalation, first because of their inactivity, and second because of their position; so that when they even do become the primary seat of tubercular disease, the bacillus does not likely first get its lodgment there. The fact that the disease so seldom develops primarily in that part of the body in which it first gains lodgment would therefore bring us to the conclusion that if the bacillus tuberculosis gains entrance into the system by inhalation, it must do so by the absorption process, and if the bacillus is absorbed we have a right to expect the primary seat of the disease to be found in the lymphatic glands. If the inhalation theory were correct, everybody ought, moreover, to die of tuberculosis; for with the amount of dried up tubercular sputa that necessarily flies about in the air in street cars and in work-shops, it is difficult to understand how anybody can escape the disease.

But what about the experiments that have been performed in support of the theory, and which seem to demonstrate it beyond question or quibble? The most forcible experiments that have come to my knowledge are those of Koch, which consisted of rubbing up tubercular matter in water, spraying it into an enclosure, and compelling animals to inhale the spray. The animals all contracted tuberculosis, which result proved that when tuberculous matter is introduced into the system, tuberculosis results; but proved nothing more. The weak point in the experiments was that there was no precaution taken against the entrance of tubercular matter into the stomach. Spray readily condenses upon obstructing surfaces, and in these experiments considerably more tubercular matter must have been deposited in the pharynx and found its way into the stomach than was carried into the bronchial tubes by the inspired air.

Another theory about the manner in which the bacillus tuberculosis gains entrance into the system, and one which seems to have few believers is, that it gains admission through the stomach. Everybody apparently admits that it can gain entrance in this way, but few are willing to concede that this is the ordinary or usual way. Whether it is or not will, of course, remain for future experiments to positively determine; but physiology and clinical phenomena certainly seem to indicate that it is.

In the first place, it must be conceded that the alimentary tract is the ordinary avenue into the system for all extraneous matters. Its construction, machinery, and mechanism are all adapted to the ex-

peditious conveyance of matter from without the body into the body. Its purpose is to supply the body with food, and in health and the complete performance of its functions it is capable in a measure of discriminating against deleterious matter, or of rendering it innocuous. The stomach has the power of destroying animal life, and stands sentinel to all that enters the body; but only exercises that power when in possession of all its faculties. In the mechanical process of conveying food into the body, micro-organisms and parasitic animals of all kinds, either in the larval or developed state, likewise find their way in, and unless they are deprived of life by the stomach, will get into the system, seek out a congenial soil, and develop and reproduce themselves. In this way all parasitic animals which prey upon the internal organs of man, of which we have anything like definite knowledge, gain their admission into the body. Is it likely that the bacillus tuberculosis forms an exception? Certainly the stomach is the physiological way for it to enter.

Upon the theory that the bacillus tuberculosis gains entrance into the system through the stomach, the clinical phenomena of tuberculosis are quite intelligible.

From the days of Hippocrates it has been observed that the forerunner of phthisis is a disordered stomach. So close is the relation between the two diseases, that many have been led to look upon dyspepsia as the cause of consumption. The part which the stomach plays is, however, entirely a passive one. Because of its deranged condition, and its consequent inability to destroy the bacillus tuberculosis, the latter gains entrance into the system, by being allowed to pass unharmed into the intestines, being absorbed by the lacteals into the thoracic duct, and being carried with the chyle into the circulation. The bacillus in taking this course into the body, encounters no obstruction or difficulties after passing the stomach, at least until it encounters the blood corpuscles, and is well supplied with the necessary pabulum for its subsistence on the way.

The clinical facts that tuberculosis appears most frequently in the lungs, that its favorite site in the lungs is the apex, that in children it appears most frequently in the intestinal canal and the membranes of the brain, that its primary seat may be in the periosteum, the ovaries or testicles, the pleura, or, in fact, in any remote part of the body, can all be explained upon the theory that the bacillus gains its entrance through the stomach. The contents of the thoracic duct, after mixing with the venous blood, are first of all carried into the lungs; consequently, a larger number of tubercle bacilli enter the lungs, than any other organ or part of the body. It has been shown that the blood exercises a phagocytic influence over bacteria, hence, the farther the bacilli advance in the circulation, the fewer survive, and the more remote an organ or part of the body is from the entrance of the contents of the thoracic duct, the less its chances are of becoming infected with tuberculosis. The brain, the intestines, and the various organs in the abdominal cavity, probably receive the largest supply of arterial blood in the order mentioned, and, practically, receive it about the same distance from the entrance of the contents of the thoracic duct. We would, therefore, expect that the lungs, the brain, and the intestines, would be the most frequent seats of primary tuberculosis, in the order mentioned, and so we find them in practice. But the number of bacilli that enter an organ or part of the body, is not the only factor that determines the primary seat of the disease; the nature of the soil plays an important role. It has long since been recognized that anything which interferes with the free active circulation of an organ or tissue, predisposes it to tuberculosis. Hence we find the apices of the lungs, the congested membranes of the brains of teething children, the irritated alimentary canal of bottle-fed babies, the bruised periosteum, the thickened pleura, the congested ovaries, spleen, liver, and kidneys, becoming the selected soil for the development and reproduction of the bacillus tuberculosis.

It is also easily understood upon this theory, why so many persons who are exposed to tuberculosis, fail to contract it. The immunity is generally ascribed to improper soil, and whilst this may be part of the reason, it is not the whole reason; for it has been frequently proven by experiment on animals, that the disease will develop in any soil, if the bacilli are introduced in large enough numbers into the circulation. There are two factors in operation in the non-occurrence of tuberculosis in those persons who are exposed, first the bacilli-destructive power of the healthy stomach, and second the phagocytic power of the blood. Persons who have healthy stomachs, and who do not overburden them with too much or improper food, and who take sufficient exercise in a pure atmosphere to secure them a free circulation of well-oxygenized blood, will not contract tuberculosis, no difference what the exposure. To contract the disease it is necessary first, to be in such contact with infected persons or objects as to enable the bacillus to get into the stomach; second, to possess such a stomach as will, because of temporary or permanent disability to destroy the bacillus, allow it to pass into the circulation; third, to have in some parts of the body localized spots or a spot of torpid circulation, which offer a congenial soil for the development and propagation of the bacilli.

In my paper on the contagiousness of phthisis I have shown that some social relations between parties are probably necessary for the conveyance of tuberculosis from person to person, and that proximity of habitations and casual contact are in themselves not sufficient. It will not be difficult to understand, how tubercular matter finds its way into the stomach, if we for a moment reflect upon social customs. Because of the universal practice on the part of consumptives, of expectorating into handkerchiefs, or into open space, it is almost impossible to come in contact with them, or to remain for any length of time in a place occupied or frequented by them, without getting some bacilli into one's stomach. The lips and hands of consumptives who use handkerchiefs extensively, are necessarily smeared with tubercular sputa, and any persons kissing them, or shaking hands with them, can scarcely avoid conveying the disease

germ into their own stomachs, unless they wash themselves before partaking of food or drink. Drinking out of the same vessels and eating with the same utensils as consumptives, without prior cleansing; swallowing the dried-up tubercular sputa that is deposited upon the pharynx by the inspired air; the handling and serving of food by consumptives, such as that by waiters, cooks, grocers, fruiters, and milk dealers, suggest some of the ways in which tubercular matter may find its way into the stomach.

Whilst I do not wish to be understood that consumption cannot enter the system by way of inhalation, I claim that the stomach is the usual mode of entrance, and that there is ordinarily very little danger of contracting the disease through the lungs themselves. The part which inhalation plays in the etiology of the disease, is the mechanical part of carrying the tubercular sputa into the nares and pharynx, from whence it finds its way into the stomach. The whole question can, however, I think, be satisfactorily settled by experiment, and I hope at some future time to be able to illustrate what I have set forth in theory.

LUXATION OF THE FOURTH CERVICAL VERTEBRA RESULTING IN HEMIPLEGIA.

REDUCTION AND CURE.

By ERNEST LAPLACE, A.M. M.D. Paris.

Professor of Pathology in the Medico-Chirurgical College of Philadelphia; ex-visiting Surgeon to the Charity Hospital in New Orleans.

ALL injuries of the vertebræ are fraught with great interest to the medical profession, but none should claim our attention and deep observation more than those that result in pronounced functional disorder, and which under a rational therapeutic procedure have ultimately left no trace of their presence.

On March 17, 1889, while still visiting surgeon to the Charity Hospital in New Orleans, there was sent to me for consultation by a medical friend, a patient, George H., aged forty, a cotton-bale roller by occupation. While loading a ship with cotton-bales, one accidentally fell upon our patient's neck, crushing him to the floor in the ship's hold. He remained unconscious for six hours, and on regaining consciousness, the attending physician noticed that the patient's head was drawn considerably towards the left side, that it was immovable, and that there was complete paralysis on the left side of the body. The patient remained in this condition about two weeks, when he gradually recovered sensation and motion in the paralysed leg, but no improvement took place in the left arm. Electricity was applied for one month, but to no avail. There were tingling sensations throughout the limb, but scarcely any motion.

Two months after the accident, there being no further improvement, the patient was sent to me, and on examination the following condition was found: Anesthesia all over the left arm and ranging up the shoulder to the middle of the neck on the left side. Slight power of flexion in the fingers. Cannot, however, grasp anything. Evidences of slight atrophy in the arm and hand, the well-known glossy appearance being marked. There was considerable pain in the neck. This and the fact that the head was much drawn towards the left side, directed me to a more minute examination of the spinal column in the cervical region.

Beginning at the occipital protuberance and pressing with both thumbs, the underlying tissues appeared of a doughy consistence, and seemed congested. This appeared to extend as far down as the first dorsal vertebra. No fluctuation could be detected. There was one spot in the course of the cervical vertebræ which seemed much more sensitive, and this was over the fourth cervical vertebra. When pressing gently, but firmly, on either side of this point, a strange feeling of deep crepitation was detected. This was lost when looked for one inch above or below that spot.

We were naturally led to believe that there was a fracture of the spinous process of the fourth cervical vertebra, or perhaps of the transverse processes, and that the paralysis in the arm was maintained by the compression of one of the fragments against the spinal cord.

Having thus established the apparently real diagnosis, we proposed to the patient an operation to remove the compression upon the cord by extracting the loose fragments of the fractured vertebra. To this he readily acquiesced.

Being chloroformed. an incision four inches long was made in the middle line back of the neck, extending from the first to the sixth cervical vertebra, deep through the tissues to the spinal column, the parts were carefully retracted and the cervical vertebræ clearly laid to view, with all the proper aseptic conditions. It was then discovered that the spinous process of the fourth cervical vertebra was considerably to the right of that of the fifth cervical vertebra, and that whilst undergoing this luxation it had ruptured the posterior common ligaments and the capsular ligaments connecting these two vertebræ. There was no mobility of the spinous process, and no fracture could be detected. The patient's head was bent forcibly and by manipulation the luxated vertebra was restored to its normal position. The wound was disinfected with acid bichloride of mercury solution,[1] and closed with catgut sutures. Union by first intention was obtained and the dressing was removed on the eighth day.

From the day after the operation the patient's arm seemed to gain more mobility. Sensation also improved. This gain was constant and increased steadily until three months after the operation, when there was scarcely any difference between the function of the left and right, or uninjured arm. The remarkable history of this case and the gratifying results of the plan of treatment resorted to, offers the surgeon the following instructive points for consideration:

1. Before the operation improvement had taken place in the arm to a slight extent, but seemed to come to a sudden halt; this in connection with the traumatic cause of the disorder suggested the proba-

[1] Acid sublimate of mercury as a disinfectant, published from Koch's laboratory in 1889, in No. 40 of the *Deutsche Med. Wochenschrift*, by Dr. E. Laplace.

bility of some sort of compression existing upon the spinal cord.

2. The crepitus that was distinctly felt over the injured veriebra, proved to be due, not to fragments of bone, but to the friction of the overlying tissues upon ruptured ligaments; recalling to mind the false crepitus often felt over sprained joints, and due to the same cause as found to be present in our case.

3. The rapid improvement and cure resulting from the simple operation resorted to shows that, with the aseptic means now at the command of the surgeon, having established a plausible diagnosis he should be prepared to meet such an emergency with the resolute and radical surgical procedure that is indicated, at the same time exposing the patient to a merely insignificant danger by the operation.

MEDICO-LEGAL CASES.

By HENRY A. RILEY, ESQ.,
NEW YORK.

THE Maybrick trial in London has given rise to many comments on expert and other evidence, and also on the right of judges to instruct juries as to facts. It is the recognized province of judges to inform the jury about all law-points, and of juries to decide all questions of fact.

It seems that in the trial of Mrs. Maybrick Justice Stephen trenched upon the rights of the jury, and very likely caused the adverse verdict by so doing.

The following are some of the paragraphs of the Justice's charge: "Coming next to consider the alleged motive, it is not always possible or desirable to do so. In this case I am bound to say that there is evidence of a motive strong and disgraceful . . . That is how it stands, and how the matter of motive presents itself to my mind."

"Here was the man craving for the powder, begging to have it—no doubt he was in a terrible condition at the time—and the woman goes to get it, and when she gets it she does not give it to him. If the story were true, if they could accept it, it was a matter for them to decide; but they must take account of the imputations of falsehood made against her in those letters. In that state of things was it natural that an affectionate wife should all of a sudden give way to that which her sick husband suggested, and do so extraordinary a thing as to put an unknown powder into her sick husband's meat-juice? This was a point which pressed hard upon her."

In concluding his charge, Justice Stephen said: "There was no doubt that the propensity which leads persons to vices of this kind did kill all the more tender, all the more manly, or all the more womanly feelings of the human mind.

"That was a comment upon which he would not insist. He would spare them what would be painful to him, exquisitely painful to her, and not necessary to them. He could not say anything about it except that it was easy enough to conceive how a woman in so terrible a position might be assailed by some fearful and terrible temptation. When they took that into account, they must look to some extent at the feelings which were shown, and which the evidence showed remained in her mind."

These expressions and others in the charge bore so heavily on the unfortunate woman on questions of fact, that it is difficult to see how the jury could have failed to be impressed by them; and if they were, just to that extent did the Justice exceed his privilege. It is partly on account of the evident prejudice in the mind of Justice Stephen that there has been such an outcry, both in England and this country, against the verdict, an outcry which has been at last effectual in securing a commutation of the sentence of death to life imprisonment.

THE ALABAMA SUPREME COURT has decided that the conclusive test as to the character of bitters and ordinary liquors was the general use to which they were put, whether as a medicine or beverage.

In the case at bar, the article contained twenty per cent. of alcohol, and eighty per cent of herbs, barks, roots, water, etc. If it cannot be used as a beverage, if the other ingredients are medicinal, and the alcohol is a necessary preservative or vehicle for them, the sale is lawful.

The court quoted with approval a decision in Kansas, where it was said: "There may be cases where the *bona fide* use of a moderate quantity of spirituous liquor in a medicinal tonic would not alone bring a beverage (or decoction) within the statute."

The Kansas statute prohibited the sale of "all liquors and mixtures, by whatever name called, that will produce intoxication." It is not held to embrace standard medicines and toilet articles not ordinarily used as beverages, such as tincture of gentian, bay rum and essence of lemon, although containing alcohol.

Whether it embraced certain cordials or bitters was held to be a question of fact dependent on the evidence as to their intoxicating qualities and ordinary use.

If the compound or preparation be such that the distinctive character and effect of intoxicating liquor are gone; that its use as an intoxicating beverage is practically impossible, by reason of the other ingredients, it is not within the statute. The mere presence of alcohol does not bring the article within the prohibition. The influence of the alcohol may be counteracted by the other elements, and the compound be strictly and fairly only a medicine. On the other hand, if the intoxicating liquor remain as a distinctive force in the compound, and such compound is reasonably liable to be used as an intoxicating beverage, it is within the statute, and this though it contain many other ingredients, and ingredients of an independent and beneficial force in counteracting disease or strengthening the system.

A similar doctrine has also been proclaimed in Mississippi. The article sold there was "Home Bitters," a decoction composed of thirty per cent. of alcohol, and the rest of water, barks, seeds, herbs, and other like ingredients. It was alleged by the defendant to have been sold as a medicine. It was held that if the compound was intoxicating and was sold as a beverage, the jury should convict; but if it was sold in good faith only as a medicine, they should acquit.

The courts in Massachusetts and other States have had similar decisions, and the prevailing doctrine is

that, where there are prohibitory or license laws, it is a question for the jury to decide whether any particular article is a medicine or a beverage, and its general character and use is the criterion by which to decide.

THE QUESTION of the advisability of capital punishment is one which never seems to be finally settled. Some states and countries have abolished it for half a century, and find the change a desirable one, others after a short time of suspension return to the old method of punishment. It is less than a century since there were in England about one hundred different offences for which death was the penalty; now, perhaps only murder, arson and treason require the severest punishment known to the law. The Albany *Law Journal* is a firm disbeliever in the efficacy of capital punishment to check crime, and furnishes some statistics taken from different countries to prove the point. They are as follows: "Holland: Capital punishment abolished September, 1870 (as a matter of fact there has been no execution since 1860). The statistics of murder were as follows: 1861-9, 18 murders; 1871-9, 17 murders; and this notwithstanding an increase of population. Finland: There has been no execution since 1824. The judge of the Court of Appeal says: 'The security of person and property has not been in the least diminished by the suspension of capital punishment. Murders are extremely rare.' Switzerland: In 1874 capital punishment was abolished by the Federal Council. In 1879 Cantons were allowed to choose for themselves and two or three have elected to re-instate the death penalty. Belgium: No execution since 1853. In the ten years before 1863, 921 murders; in the ten years after 1863, 703 murders. Prussia: In decade 1869-1878, 484 persons sentenced to death, only one execution (Hödel). Portugal: Capital punishment abolished. Roumania; Capital punishment abolished. Tuscany: No executions for fifty years. Russia: Capital punishment only retained for treason and military insubordination. America: Michigan, capital punishment abolished in 1847; Rhode Island, 1852; Wisconsin, 1853; Iowa, 1872; Maine, 1876. In Michigan the statistics show that since 1847 murders have decreased, relatively to the population, fifty-seven per cent. As to Wisconsin Governor Washburne writes in 1873, 'It is twenty years since the abolition of capital punishment. No State can show greater freedom from homicidal crime. With a population representing almost every nationality, statistics show that crime instead of increasing with the growth of the State has actually diminished. Of Iowa Senator Jessup writes in 1876: 'Murder in the first degree has not increased, but for four years decreased. Previous to the repeal of the old law there was one murder for every 800,000 people. For the four years since abolition there has been one in every 1,200,000; There is more lynch law where the gallows is retained." The statistics given above are not in all cases the most recent, but it is not known that later experience has changed them. In the majority of the United States capital punishment is inflicted, and there is no special public sentiment against the practice; there is, however, as in New York, a feeling that hanging is not the best method, and a law has been passed making an electric shock the only legal death penalty. There has been no instance yet of the application of this new method of execution, and it cannot be said what public sentiment really is in regard to the substitution. It does not appear, however, that the people wish to have capital punishment abolished.

THE QUESTION whether an accident insurance company is liable on a policy where the insured kills himself, when insane, has now been so frequently before the courts that the law is settled in a large number of the States. The companies have very frequently set up the contention that they could not be held liable, and in some instances they have been successful. In most of the States, however, the courts have held with great emphasis that the companies must pay the policies. In a recent well considered case in Michigan this was the opinion of the court, and the doctrine reiterated that though a person kills himself, yet the mode of death is "external, violent, and accidental" as named in the policy, provided the person is insane.

This is the rule in Michigan, Maine, Georgia, Louisiana, Minnesota, Pennsylvania, Vermont and probably other States. The opposite principle of non-liability prevails in England, and in this country in Massachusetts. In New York a distinction has been taken between the two views, and it is held that impairment of mind so that a person is not conscious of the moral character of the act is not in itself sufficient to throw a liability on the company, but that the person must be so insane as not to know that his act will cause death or else he must be under the influence of some insane impulse which he could not resist.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

CHOREA.

YOU will doubtless remember, gentlemen, the case of chorea, or rather hemi-chorea, which I showed at the clinic of last week. To-day I bring the little girl before you again, that you may observe the improvement in her condition, and to add a few remarks to what has already been said. Although the question as to which side of the body chorea occurs more frequently upon is as yet not positively settled, most authorities agree that it is more common on the right side. This child, you may recollect, was ordered Fowler's solution in three-drop doses, resulting, as you notice, in a lessening of the symptoms, which were not in this case primarily aggravated by the arsenic, because of the latter being administered at so long a period as one year after the outset of the affection. We shall increase the dose of the solution to gtt. iv, until toxic effects are noticed, when the amount of the drug shall be halved, but not wholly withdrawn from the patient, as is sometimes erroneously done.

ENTERO-COLITIS.

I shall devote considerable of the hour to-day in speaking to you about entero-colitis. This disease is the scourge among the children of our large cities in summer; and, therefore, to discuss it with you at this time will be quite opportune. To begin with, the morbid anatomy of entero-colitis is, as you may infer. an inflammatory hyperæmia of the small and large intestines, but confined principally to the ileum and colon, while it is usually most intense at the ileo-cæcal valve. The mucous membrane is reddened, swollen, and softened. The redness may be confined to the injected bloodvessels and solitary glands, giving an arborescent appearance; or, the latter becoming prominent and more opaque than natural, renders the effect similar to that which would occur on sprinkling white sand over the membrane. Peyer's patches, also, become opaque. The swelling at the ileo-cæcal valve often prevents the passage of the intestinal contents; and some contend that vomiting is thereby induced. Again, not rarely we find the mesenteric glands enlarged, and blood vessels injected. The causes of entero-colitis are four-fold, namely: improper feeding, age, season of the year, and locality of residence. The disease is rare in winter, and in sparsely-inhabited districts. Children subjected to extreme changes of temperature, as living in hot rooms, situated in crowded parts of a city, then exposed to drafts from without, easily acquire this dangerous trouble. About the middle of May, or June 1st, its prevalence becomes first marked, whilst during July and August it almost assumes the proportions of an epidemic. Temperature alone does not, as some would seem to suppose, account for the affection; but over-crowded sections of our large cities, where the cubic air space *per capita* is greatly deficient, filth and degradation, undoubtedly are equally potent factors in the etiology. Between six and eighteen months of age infants are more liable to entero-colitis than before or after that period, which, it will be seen, is that of teething, when a sympathetic influence is presumed to predispose to the inflammation of the bowels. However, it may be remarked here that the time of first dentition is not nearly the bugbear to physicians as formerly it was. Finally, the ingestion of sour milk and of large quantities of starchy food by children are frequently important causative agents in this disease.

The symptomatology of entero-colitis is important. At first the child becomes fretful and peevish, crying in its sleep; the head and palms of the hands are hot; anorexia, pallor, and eructation of acid substances occur. Vomiting which may become very troublesome, is also common; diarrhœa is, of course, marked. The stools should be studied from day to day with closeness and care. At first semi-solid, yellowish, and neutral in reaction, they are called homogeneous; in a day or two or three they assume a greenish tinge, are neutral to acid in reaction, and hard, yellowish or yellowish-white masses, which are acid in reaction, may be seen floating about. In very severe cases we are apt to have offensive, watery discharges. Thus, by examining the stools, the stage of the disease may be readily ascertained. Not infrequently, slime and blood, ropy, mucoid, blood-streaked masses are passed from the rectum. The tongue is coated yellow, is dry and red at the tip and edges. Although the temperature is seldom higher than 102°, nevertheless it is continuous in range for three or four days afterwards, becoming remittent in type. Rapid and full pulse, a few days later, becoming small and feeble with about 120–140 beats per minute, is associated with the fever. When a fatal termination is pending, nervous symptoms, and restlessness, sometimes convulsions (usually unilateral), with a very dry skin, frequent discharges of feces, and all the evidences of collapse may be manifested, in one class of cases; while on the other hand, there may be a disposition towards morbid quietude and profound drowsiness, the eyelids being often *open*, along with a cessation of the diarrhœa and vomiting; yet, strange to say, the child may die on the following day. Should the child enter convalescence, it will be observed to take more interest in its surroundings, the vomiting and diarrhœa cease, whilst thirst diminishes considerably with the subsidence of fever. As this malady tends to become chronic, the prognosis must be always guarded. Nor should we hesitate to express, when necessary, an unfavorable opinion, as a sudden termination is not unlikely at any time, especially if the case be a severe one, and nervous symptoms be observed, or if progressive emaciation and a non-yielding to treatment, after two weeks' trial, are noticed.

The hygienic management of entero-colitis in children is fully as important as the medicinal treatment. To lessen the virulence of the trouble, and to favor a speedier cure, it is plainly our duty to recommend a change of air—residence at the mountains or sea-shore, if possible, although the patient should not be fatigued by too long a journey. When the parents cannot afford such change for their children —which is commonly true of these cases—the little one might be taken to a park daily; or, better still, it may be given a ride daily on a river steamboat, so as to interpose breathing spells of an uncontaminated atmosphere; and though these efforts may seem trifling, beneficial results will invariably succeed.

Bathe the child two or three times daily with sponge and water of 80° F. When there is a tendency to collapse, a general warm bath, under the supervision of the doctor or nurse, will be found to be an efficient stimulant. Mothers should feed their own babies, if possible, but not too often, as the milk has been found to be of an inferior quality when given more than once every two hours. If a wet nurse must be procured, the physician should select her himself after a rigid and careful examination, noting her moral character and health; all evidences, however slight, of constitutional taint, whether hereditary or acquired—especially syphilitic or scrofulous—should positively exclude a woman from being employed as wet nurse. Some women are refused when their milk is older than the child to be suckled; but if the milk is of good quality, we should offer no serious objection to their employment. Sterilization of cow's milk must be resorted to when the child cannot get along well with its mother or a wet nurse.

Boiling the milk for at least ten minutes is essential, to completely sterilize it. It may also be sterilized by bottling, and immersing it into boiling water for thirty minutes. Most artificial foods, which are used to a great extent at present, have for their basis cow's milk. They are often unsuccessful, and numerous chemical analyses have shown them to vary in composition from time to time; hence they are unreliable. We should be able to do without them and prepare cow's milk so that the proportion of its constituents may as nearly as possible approximate those of human milk. The formula of Dr. Arthur V. Meigs, as modified by Dr. Rotch, is well adapted for this purpose, the ingredients and their proportions to make one pint, being about as follows:

R.—Cow's milk . . . . . f℥ij.
Cream . . . . . f℥iij.
Water . . . . . f℥x.
Milk sugar . . . . . ℥vij.

Mix these together in the morning, sterilize, and render alkaline by adding f℥j. of limewater to the pint, and use during the day. Mild purgatives, such as the aromatic syrup of rhubarb, or castor oil, are indicated at the beginning of this complaint. Then, alkalies and mild astringents should be exhibited, as in the form of the following powder, for example:

R.—Cretæ præparat . . . . . gr. v.
Bismuthi subnitrat . . . . . gr. iij.
M. ft. chart.—Sig. One every hour.

When the fecal discharges become green, there is greater necessity for alkalies, combined with small doses of an opiate, thus:

R.—Tr. opii deodorat . . . . . ♏ ¼.
Bismuthi sub-carb. . . . . gr. iij.
Mist. cretæ . . . . . f℥j.
M.—Sig. To be given at a dose, every two hours.

In the event of offensive stools, calomel, about one-twelfth grain, is an invaluable remedy, and may be given, in combination with the prepared chalk and some aromatic powder, once in every two hours for about forty-eight hours, when, if no change is effected, it is useless to continue its administration. Should powerful astringents be desired, the diluted aromatic sulphuric acid, with liq. morph. sulphat., may be tried cautiously. Injections of laudanum and starch-water; nitrate of silver gr. j, or sub-nitrate of bismuth gr. iv or v to half an ounce of gum arabic water, and enough plain water to make f℥j may be used, as an enema, when drugs are not well borne by the stomach. When convalescence has been established, pepsin and dilute hydrochloric acid, or comp. tincture of cinchona, should be prescribed to hasten resolution and tone the system.

ENDOCARDITIS.

We will now consider briefly the diagnostic features of this boy's present complaint, which started a week ago with chills, followed by fever and embarrassed breathing. To determine the nature of his affection, a physical examination of the chest is clearly indicated. On inspection, we notice first the area of the cardiac impulse to be slightly increased; the force of the beat is apparently exaggerated and duplex in character, the ventricles evidently not contracting simultaneously. Palpation corroborates this view, for the heart contracts in an almost tumultuous manner. At the same time, it is observed that the apex beat is in the normal position, relatively, and hence we infer that no enlargement exists. We can account for the augmented force of the heart-beat and the appreciable systole of the right ventricle by the plausible supposition that the blood does not circulate freely through the lungs; therefore, the right ventricle has an excessive amount of work to perform, and is put to the strain. Auscultating over the region of the base and apex of the heart, successively, we hear a murmur, which in this case is transmitted as far as the left scapula.

From the previous history of the patient we glean the facts pointing to an attack of sub-acute rheumatism one year ago. That there was no endo-carditis at that time, we do not doubt in the least, since there is no cardiac hypertrophy here to signify the chronic valvular trouble which must have engendered it. Hence, we conclude this to be a case of acute endocarditis. In this disease, the murmur is always systolic in time, and, as a rule, can be heard only in front; but, as to locality and quality, it may be said that all sorts of murmurs are audible at various times. Before the systolic murmur is established fairly, many adventitious sounds—scratching, rasping, etc.—or an accentuated second sound may be heard; but the systolic murmur alone is diagnostic, in conjunction with the other physical signs, and should be listened for carefully, as its position may change from hour to hour and day to day.

—*Prof. J. M. Anders, M.D.*

TREATMENT OF HEMIPLEGIA.

For a case of hemiplegia of three months' standing, Waugh ordered mercury to be given in doses just below the line of toleration. He considers it the only really efficient means of procuring absorption of the clot and inflammatory products, when absorption is indicated, as at present.

The question of restoration of the function of nerve-fibers, now inhibited, comes later; when they have been relieved from pressure. The indications in treating a hemiplegia are, first, rest, to limit the danger and allow a clot to form; second, to keep down the resulting inflammation; third, to relieve pressure by causing absorption; and fourth, to restore to activity nerve-fibers, temporarily inhibited, by the use of electricity and strychnine. The final indication, that of repairing nerve-fibers actually broken, is one which we have no therapeutic means of fulfilling. Nature may in time bring about repair, especially in the nerves of the extremities; but it is extremely doubtful if she ever does so in the nerve-centers. In fact, it is the rule that after a hemiplegic attack the patient may recover most of his motor power, but he never recovers all.

LARAMÉE asserts that the convulsions of uræmia are, so to say, concentrated more than in the other convulsive diseases.

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THE IMMEDIATE CAUSATION OF LABOR.

FROM the earliest times this subject has been the *quæstio vexata* among physiologists. Some have attributed the termination of pregnancy and the beginning of labor to one cause, some to others, and not a few to a whole group of causes dependent upon certain conditions, both of the fœtus and of the mother's genital organs. Up to the present time no single theory has been accepted as the true explanation. Barnes holds that some change in the fœtal circulation produces a corresponding change in the mother's, and so institutes the process of labor. The views of Drs. Power, Depaul, Dubois and others in regard to the sphincter action of the cervix uteri and the reflex action of the latter upon the uterine walls as the ovum descends and comes in contact with it about the latter months of pregnancy, are probably those most generally adopted, though they are surrounded by more or less valid objections. Extreme distention of the uterus, advanced as a cause by Dr. King, fatty degeneration and gradual separation of the decidua, proposed by Sir James Simpson, and the ovarian theory of Tyler Smith, have each been objected to as not sufficiently plausible or scientific. Lusk temporizes by grouping all the causes in the order of their relative frequency thus; with the advance of pregnancy, the uterus becomes more irritable, the decidua less firmly attached, the carbonic acid increased in amount in the blood, the circulation more easily disturbed, the emotions and sensibilities more readily excited, and the ovum more like a foreign body requiring its own expulsion. Tarnier, without attempting to arrange them according to their relative significance, also collects a group of causes, chief of which he cites the development of the uterus at the end of the ninth month, the hypertrophy of the muscular fibres, the increase of the uterine, nervous and venous symptoms, the obliteration of the neck of the womb, the separation of the decidua membrana at about the level of the cervico-uterine canal, the direct contact of the fœtal membranes with the external os, and the repeated energetic movements of the fœtus itself. The chief factors, therefore, in the production of labor, as explained by this author, are irritability and reflex action. On the other hand, Prof. Garimond, of Montpellier, gave as his theory, so recently as last year, the single cause, irritation of the uterus at all points of its internal surface by the growing fœtus.

After all it seems we must admit our ignorance in regard to one of the commonest of physiological phenomena, for here, as in all other departments of science, the simpler the phenomenon, the more difficult often is the explanation. The action of gravitation, and the transmission of light, were everyday occurrences, and yet how long before any explanation of such common facts was afforded! It all appeared so plain and manifest that a mere figment of the mind propped up by a few specious arguments was accepted in lieu of experimental demonstration.

The question as to the immediate causation of labor belongs to this category of commonalities. It has been settled more by argument than by long and close observation. The general consensus of opinion is that irritation of the uterine nerves probably enters as the most important factor; but having scaled this first obstacle, another is encountered in our advance to the proper solution. What is the immediate cause of this irritation, and what is its *modus operandi?* Is the irritability simply a physical process dependent upon the enlarging fœtus, becoming, as it were, a foreign body, and by reflex irritation causing its own expulsion, or is it a chemical one dependent upon certain irritative changes in the blood, and the circulation? Most authors give special weight to the former statement of the case. Then, again, is there any change in the motor nerve centers of the medulla, or in the uterine nerves themselves to give rise to the heightened excitability? Such are a few of the questions still awaiting a satisfactory answer which is founded upon exact experimental research.

In the August number of the *Archives de Tocologie*, Dr. Girin, of Montbrison, published a long and exhaustive paper, in which he accepts the irritability hypothesis, believing that the gradual descent of the fœtus within the uterus, and its final contact with the sensitive surface of the cervix is the origin of the whole process of labor. The originality about the author's paper is the way in which he explains the regular, periodic descent of the fœtus, and its corresponding induction of labor at about the same, regular, fixed time. Basing his arguments upon the experiments of Preyer, Buniva and Vauquelin, Labruhe, Pinard, Gauthier, Mya and Graziadei, in regard to the comparative densities of the fœtus and amniotic fluid, showing that the latter diminishes while the former increases, he asserts that the beginning of labor is dependent solely and primarily upon the

principle of Archimedes. This is, then, the immediate cause in determining labor, and is purely a physical and mechanical one.

The density of the amniotic fluid attains its maximum during the earliest months of pregnancy, and can reach even as high as 1.030. At term it had reached its minimum, and is then but little above unity.

The density of the fœtus, on the other hand, is below or about equal to that of the amniotic fluid during the earliest period of pregnancy. The fœtus at this time is a true floating body, but its density gradually increases with the contamination of pregnancy in inverse proportion to that of the amniotic fluid. Pathological changes or improper development in either the amniotic fluid or fœtus, can therefore be cited in the majority of cases as explanatory of miscarriages or abortions not traumatic in origin. This is a simple explanation of the induction of labor and on the face of it exceedingly plausible. The author's paper contains reliable statistics and is full of close, sound reasoning. Further proof is needed, however, and if it be forthcoming, a most important factor will be obtained in explaining the immediate causation of labor in health, and in many diseased states.

—L. H. M.

A FEEBLE STEP.

A FEEBLE, yet not uncertain, step in advance has been made in the interest of higher medical education, by the recent law, passed by the New York State Legislature, entitled, An Act to Provide for Preliminary Education of Medical Students. A copy of this law has recently been sent to the physicians of the State, together with the rules adopted by the Regents of the University of the State of New York for the examinations, and the places and dates appointed by them.

The examinations are in arithmetic, geography, orthography, English grammar, American history, rhetoric, English composition and elements of natural philosophy. The candidate is expected to have a thorough knowledge of the whole of a standard text-book on each of the required subjects, but cube root will not be included in the arithmetical examination. Seventy-five per cent. of correct answers is required in all subjects except orthography, in which eighty-five per cent. is required. After successful passage of all examinations the candidate will receive a "medical student's certificate."

The enforcement of this act will, at least, prevent the entrance into the profession of men who, debarred by lack of an ordinary education from other pursuits, have hitherto sought refuge in medicine. Indeed, the very fact that the "powers that be" are at last aroused to the crying need of protecting the people, by standing guard at the very portals of medical education, is a feeble but nevertheless happy augury of higher efforts in the future.

The glimpses we occasionally receive (from publications of some of our State Boards of Examiners) into the fearful state of ignorance of their candidates, have caused us to blush for the recklessness with which some of our colleges have conferred degrees. Our lawmakers, once made alert upon this point, will be more readily impressed when we ask further safeguards to the public. Nothing short of a strict examination, by a competent State examining board, which is independent of all colleges, will afford the public complete protection.

MILK SICKNESS.

MEDICAL works, as a rule, are written by men who have acquired their experience in great cities, hence they are frequently wanting in the description of affections confined more or less to the rural districts. Milk sickness, known sometimes as simple "sick stomach," "tires," "swamp sickness," "slows," "river sickness," "bilious sick stomach," and "puking fever," is an apt illustration of this truth. Scarcely any of our leading medical authorities even so much as refer to it and yet it is among the most alarming and rapidly fatal of all diseases, unless promptly recognized and treated.

Dunglison states that milk sickness is occasionally observed in the states of Alabama, Indiana and Kentucky, to which Dr. W. M. Tuller, of Bowling Green, adds Ohio and Illinois. The latter recently read a paper, based upon his own experience in the treatment of this disease, before the Northwestern Ohio Medical Association, and has published it in the September number of the *North American Practitioner*. He claims that milk sickness is quite as common in man as in cattle, owing to the farmers' habitual use of milk and butter. It is not dependent upon the drinking of impure water as is commonly stated. In this respect the author differs entirely from Dr. Joseph Sager, of North Washington, O., who read a paper upon the same subject before the same society a number of years ago. The poison is in all likelihood vegetable in origin, as indicated by the following facts:

1. The disease prevails to a much greater extent in dry seasons when forage for animals is scarce, and they are obliged to sustain themselves, not on what their appetites dictate, but on what they can get.

2. It is never known to occur in animals that are confined on tame pasture.

3. In timber and wild land where animals have been known to be poisoned while feeding, not only for one season, but year after year, as soon as this land is cultivated, the disease disappears.

4. The disease only prevails during the summer and autumn months, the season of the year when vegetation flourishes. The particular kind or species of vegetation that contains the poison has never yet been determined, and yet a botanical description of the various plants that have been accused by the profession and laity, of producing the disease, would be quite voluminous.

Sheep seem to be more susceptible to the poison

than cattle, while the horse and fresh milch cows seldom if ever show any signs of the disease.

The poison is neurotic in its operation as shown by the character of the symptoms. For several days before the attack there is excessive languor, loss of appetite, nausea, pallor and constipation. If no relief be afforded, the patient soon goes to bed and lies on his back most of the time. Vomiting sets in and is both violent and persistent; the constipation becomes more obstinate. Next follow the special nervous symptoms. The patient grows exceedingly restless, tosses his limbs about, sighs occasionally, and becomes partially or wholly unconscious. If consciousness remain, extreme heat of the body, and great thirst are complained of. The temperature remains normal or becomes depressed; the pulse continues normal but strong; the pupils are unchanged or slightly dilated; the abdomen flattens; and the heart and large bloodvessels beat violently. The matter vomited consists first of ejecta, then of a glairy substance like mucus and finally bile, either dark or natural in color. In most cases there is a peculiar pathognomonic odor, not inaptly described as the "smell of rising used in making milk or salt-rising bread."

This disease is of short duration, terminating in recovery or death in three to fourteen days. Its diagnosis is easy and only liable to be confounded with acute gastritis, cerebro-spinal meningitis or obstruction of the bowels.

To eliminate the poison, stimulate the nervous system, and sustain the vital powers, are clearly the indications for treatment.

Dr. Tuller himself lays most stress upon early and free purgation. For this purpose nothing answers so well as calomel, given in severe cases in thirty and forty grain doses, repeated every four hours until the patient is thoroughly purged. This treatment should then be continued for three or four days, but with smaller doses of the calomel, only sufficient to cause three or four evacuations *per diem*. It is useless to give small or even average doses of the calomel, and the ptyalism which occasionally follows these massive doses is insignificant in comparison with the advantage gained. Usually the vomiting ceases and convalescence begins after the first free purgation.

For the nervous system strychnine and nux vomica, by the mouth or rectum, are the stimulants to be employed. Alcoholic liquors, so easily borne in milk sickness, have also proved most beneficial. Simple enemas, to aid catharsis and for purposes of nourishment, should also be remembered. Such remedies as bismuth, and oxalate of cerium to allay the vomiting are worse than useless, merely causing loss of valuable time. Prophylaxis, of course, consists in abstinence from milk or meat of animals known to feed on dangerous lands.

PROF. FOUCHER says that certain amblyopias are caused by uterine disorders.

Annotations.

DR. MANGIN has just published an interesting article in the *Marseilles Médical* upon the important question of catarrhal salpingitis. The following is his treatment: In the acute period of the disease, absolute rest in bed, very hot vaginal injections, ice to the stomach, according to the gravity of the symptoms; morphine, chloral, bromide or antipyrine; removal of all constriction about the abdomen and the use of revulsives. In the chronic period, medical or surgical treatment is recommended. The first named consists in combating the dangers of pelvic peritonitis by the use of hot antiseptic vaginal injections. For the inflammation of the cervix use tampons of wadding medicated with glycerine and iodoform, inter-cervical and intrauterine applications of sticks of iodoform. Add to this the administration of bitters and tonics, the use of hydrotherapy and thermal treatment (St. Sauveur, Neris, Plombieres, Luxeuil, etc.) The surgical treatment is either palliative or curative. The first is for the endometritis cervicitis and the prevention of the discharges. Careful curetting of the uterine cavity, removal of the diseased parts of the cervix and the dressing of the wound when these are removed, are the measures to be adopted. If there are old adhesions fixing the uterus in one position, they should be broken up under chloroform. In other cases, after having washed out the uterus, and freed the orifices of the tubes of any fungous growths which may almost completely obstruct them, dilatation of the uterus and drainage should be practised. Finally, the dernier resort is laparotomy and removal of the Fallopian tubes; but this operation ought never to be performed except after most careful consideration.

THE bogus diploma mills of Vermont and New Hampshire are being rapidly unearthed by the public authorities, The "Trinity University, of Burlington, Vt.;" the "Vermont Medical College, or Second Medical College of the American Health Society for Scientific and Benevolent Purposes," institutions whose very existence was unknown, have been found to possess articles of incorporation. The laws of Vermont are so lax in this respect that application for these articles may be simply made to any town clerk and they are forthwith granted. Thanks are due to various physicians in New York, Vermont and New Hampshire for exposing these audacious imitators of the once notorious Buchanan.

A reputable Philadelphian has just been acquitted of a charge of felonious assault preferred by a young woman. At the conclusion of the evidence Assistant District Attorney Boyle said that he could not conscientiously ask for a conviction in this case.

This is all very well, as far as it goes, as none of Dr. Regar's numerous friends thought for one moment that he was guilty. But to whom is he to look for recompense for the loss of esteem and the expense

consequent upon being called upon to answer such a charge? The hope of blackmail, the wish to hide the results of indiscretion by accusing an innocent person, or mere hysteric prurience, occasions these charges, the evil effects of which may cling to a man for a lifetime. The law should provide means for preventing this wrong, which is not susceptible of reparation, by compelling the plaintiff to produce sufficient proof to warrant the charge, and to give security for the costs and damages if she fails. Many persons would avoid a physician who has been the victim of such an attack, although there may not have been any excuse for it; and thus the wrong done is too far-reaching to be measured and assessed.

UTERINE CATARRH—LOCAL APPLICATION OF MORPHINE.

REASONING upon the pathological findings, V. Sivieccki concludes that as the uterine mucosa is strongly hyperæmic, swollen and puffy, with increased secretion, a rational treatment demands removal of these conditions. Dr. S. recommends morphine, basing it upon the recorded case by Levinstein of atrophy of the uterus produced by morphine habit which was removed by withdrawal of the morphine. He demonstrates the result of treatment by reference to twelve cases, of endometritis with uterine catarrh, in which he applied a solution of morphine containing five mgrm., three times a day to the cavity. The treatment lasted three to four weeks. In seven cases improvement ensued; in four, complete restoration. Only in one case it failed; being probably gonorrhœal, yielded to chloride of zinc. Of course, this treatment is ineffectual in chronic interstitial endometritis, in which the former granulation tissue has been converted into cicatricial tissue. In these cases, curetting, followed by tincture of iodine or pure carbolic acid is still the most rational procedure.

THE treatment of typhoid fever by cold baths, which has been the subject of several articles in our special column on Hydrotherapeutics, is the theme of a paper by Dr. J. H. Hunt, in *Gaillard's Medical Journal* for October. After some very pertinent and judicious remarks on the unfounded prejudices existing in the professional and lay mind against cold bathing, Dr. Hunt details his fifteen years' experience in it. The mortality, in the first years of his professional life, under expectant and sympathetic treatment was but 21.05 per cent., while in the series treated by the systematic cold bath the mortality was 5 per cent. He dwells upon the necessity of early and strict bathing, "even before the actual necessity exists."

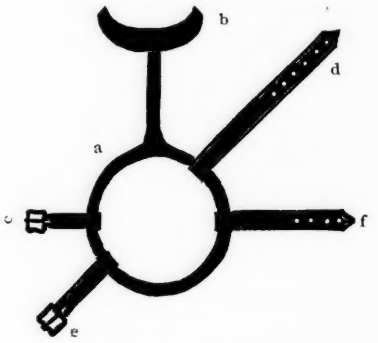
This paper, together with that of Dr. Smythe, of Indianapolis, are the first clinical resumés which have appeared since our agitation of the subject, and they are, it is hoped, an entering wedge to the popularizing of this life-saving method of treatment.

A WHOLESALE drug-house offers an inducement to any one who will invent a powder that will exterminate humbugs.

Letters to the Editor.

NOVEL DESIGN FOR TREATMENT OF FRACTURED CLAVICLE.

THE diagram here attached will illustrate a novel design for treating fractures of the clavicle.



A represents a round piece of steel or iron, made in a circle two and a half inches in diameter, with a shank seven inches long, with a thread cut to screw into B, shaped like a crutch head, and padded to fit in the axilla. C is a piece of webbing or leather, with a buckle affixed to C. D E and F are like straps also provided with a buckle.

To adjust the appliance in case of fracture, the crutch head is placed under the arm of the injured clavicle, and the ring A lying flat against the chest walls under the nipple below or over the attachment of the fractured muscles. The straps C D are then properly adjusted and buckled over the opposite shoulder. Then the straps E and F are fastened around the body under the opposite nipple.

These straps can be made of adhesive plaster, and secured to the skin so that there can be no slipping, or the leather or webbing straps can be secured in like manner.

This appliance was first used by the late Dr. Washburn, of Wilkesbarre, Pa.

The system as to the use of adhesive appliances is my own.

This little novelty has the advantage of keeping the fracture well under control, and can at the same time, while fulfilling all the indications in treatment, be worn under the clothing out of sight. For one instance, that of a druggist, a patient of Dr. Ross, of Wilkesbarre, the arm was used in compounding, and other duties of his business, during the whole of the treatment, and as good a result was obtained as is usual under other and more cumbersome methods.

S. W. TRIMMER, M.D.

WHITE HAVEN, PA.

A CASE OF CRIMINAL ABORTION.

EMMA R., aged twenty-three. While standing on a chair picking apples, the chair turned and let her fall to the ground on a piece of wire about size of No. 20 catheter, French scale, which entered the vagina and into the os uteri, from which she tried to remove it but failed. The part extending beyond the os she cut off. There was some hemorrhage during the night. In the morning, August 15, she walked

two miles to her home, and two miles from her home to see a doctor, making in all four miles. The doctor tried to remove the wire but failed. He put her in his buggy and brought her to my office, four miles further. The woman had a very slightly increased temperature, but no pain.

On examination I found an extensive laceration of the cervix, which had been of long standing. The wire had entered the body of the uterus posterior to the internal os, barely reaching the external os. I used my fingers to remove it, but failed. I then used a pair of strong forceps, and removed the wire. It was at right angles with the sides of the uterine canal, of a rectangular shape, and two and a half inches in length.

There followed a considerable hemorrhage after the removal. The body of the uterus was four inches in length, and the uterine canal one inch at the fundus. There was retroversion, but no laceration of the vagina. The patient had had one child at seven month's term.

After they had gone a few hours, I telephoned to the doctor, telling him to be on the lookout for an abortion, as I expected there was some special reason for the wire to be in that position. He took her home, gave her quinine, grs. 20, but could not prevent a rigor. Temperature went up to 103°, but by August 16 it came down to 101°, and finally to normal. The doctor watched the patient, and told the nurse to do so, and on August 15, in the evening, the fœtus, with secundines intact, was found in the discharges from the vagina. The doctor accused her of a crime, and she admitted having placed the wire there, and that it had her fast. She could not remove it. She made a good recovery. The fœtus was about two and a half months old.

F. W. FRANKHAUSER, M. D.

READING PA.

Society Notes.

AMERICAN ORTHOPEDIC ASSOCIATION.

Third Annual Meeting, held in Boston, Mass., September 17, 18 and 19.

FIRST DAY—MORNING SESSION.

THE Association met in the hall of the building of Natural History, and was called to order at 10.30 A. M., by the President, DR. E. H. BRADFORD, of Boston, who spoke of the recent growth of orthopedic surgery, and of the illustrious efforts and achievements of Sayre, Stromeyer, Langenbeck, Bigelow, and many others.

DR. V. P. GIBNEY, of New York, read a paper on the

TYPHOID SPINE,

in which he first drew attention to a group of symptoms pertaining to the spinal column as sequelæ to this fever, and when pressed for an anatomical diagnosis he used the term *perispondylitis*, meaning an acute inflammation of the periosteum and the fibrous structure which hold the spinal column together. His reason for the use of this term was the production of acute pain on the slightest movement, whether lateral or forward, and the absence of any marked febrile disturbance or neuralgia. He reported three cases. Careful search of text-books failed to reveal any cases of like nature. He then alluded to a similar condition in which the hip was affected.

Dr. L. A. WEIGEL, of Rochester, N. Y. (by invitation) read a paper on

THE RELATION OF THE THORACIC AND ABDOMINAL WALLS TO THE SPINAL COLUMN, CONSIDERED WITH REFERENCE TO THE TREATMENT OF ANTERO-POSTERIOR CURVATURE.

He reviewed in a very succinct manner the relation which the thoracic and abdominal walls bear to the spinal column, and endeavored to show that they assist materially in maintaining the upright position of the body, and must therefore be considered in the study of spinal curvatures. He drew the following conclusions:

1. The spinal column in its general upright position is supported by the abdominal viscera, or rather by the resistance of the abdominal walls. Following the force of gravity, the spinal column sinks downward until a resistance is met with. This resistance may be produced either by direct support on the viscera, or indirectly by pressure exerted through the elastic thorax and diaphragm upon the abdominal organs, which are thus forced against the muscular walls until an equilibrium of force is established.

2. By the support which the abdominal viscera give to the spinal column and thorax, the abdominal muscles very materially supplement the action of the erector spinæ muscles by increasing the resistance which the viscera offer to the forward inclination of the spine and thorax.

3. A backward inclination of the spine is limited by the tense abdominal muscles and the firm linea alba to which they are attached.

A contribution entitled

PSOAS CONTRACTION AS A SYMPTOM

was presented by DR. DILLON BROWN, of New York.

He alluded to the various diseases in which this condition may be found, and gave their diagnostic points, emphasizing the phenomena by means of which each disease could be excluded.

Dr. A. B. JUDSON, of New York, read a paper on

THE PREVENTION OF THE SHORT LEG OF HIP-DISEASE,

in which he said the deformities of hip-disease are caused by the patient's efforts to so place the limb that it shall be the least disturbed by and afford him the most convenience in his customary attitudes and movements. They are (1) abduction, (2) adduction, and (3) extreme adduction and flexion. The second position is practically by far the most important. It is caused by the patient's elevating that side of the pelvis in order to take the limb off the ground, and to keep the affected limb out of the way of the well one, which is on the ground a longer time than the affected limb, and does most of the work of progression. The limb is maintained in the chosen position by reflex muscular contraction, which does not im-

mobilize the joint, but fixes it in such a manner that changes in its position are readily made by the application of gentle but persistent force. It is proposed therefore to induce the patient—wearing a hip-splint, which protects the joint from the violence of walking—to divide the time on the ground between the two feet, or rather between the foot of the sound side and the ischiatic crutch on the affected side, with the expectation that adduction and flexion will be wholly or in part reduced, when the affected limb makes repeated efforts to reach the ground and does its share in locomotion. It is believed that the patient can be induced by precept and drill to adopt this change in the manner of locomotion, with the result indicated; a belief which is sustained by the observation that patients led by accident to walk in this way have recovered with a good position of the limb, and by the results of the adoption in practice of this method of preventing deformity.

AFTERNOON SESSION.

DR. C. C. FOSTER, of Cambridge, Mass., read a paper entitled

A CASE OF CARIES OF THE ANKLE TREATED CONSERVATIVELY,

in which he gave a detailed account of the case and its treatment, showing the plaster casts of the foot before and after treatment. He did not claim that all cases should be treated conservatively. He knew that often, especially in hospital practice, resection was the only satisfactory treatment.

DR. CHARLES L. SCUDDER, of Boston (by invitation), read a paper on

REPORT OF CASES OF CARIES OF THE ANKLE TREATED BY EXCISION,

after which patients were exhibited.

He drew the following conclusions: 1. Excision is safe, and the mortality is not great. 2. The convalescence and time of after treatment are short. 3. The disease in the foot is ended; and the prognosis is sure. 4. Profuse suppuration and its consequences are avoided. 5. The likelihood of septic infection is at a minimum. 6. The partial operation of curetting is of very little value. 7. There is no mutilation of the foot. 8. Its usefulness is very great after excision. 9. The question of tubercular infection from operative interference is yet unsettled. 10. Excision of all the diseased bone should be resorted to earlier in the treatment of chronic ankle joint and tarsal disease.

DR. De F. WILLARD, of Philadelphia, presented a paper entitled

REST IN THE TREATMENT OF HIP JOINT DISEASE.

He advocates the exploration of the hip with the finger when it has been deemed wise to open an abscess connecting with the joint. The amount of disease could thus be ascertained without injury to the articulation, and dead or tuberculous tissue both of bone and soft parts could be thoroughly removed by knife, scissors or scoop. He advocated a sharp scoop, and especially recommended one which was hollow, thus permitting rapid flushing out of all tuberculous material with sublimate solution before it had time to inoculate the fresh surfaces.

In many cases this removal of tuberculous matter by *incision*, *erasion* and *drainage* was usually sufficient, but in rapid suppurating cases and when a large portion of bone was destroyed, a formal excision through the line of the exploratory incision was often beneficial both as regards life and time.

Ultimate results after either incision or excision are not superior as a rule to those obtained in non-operative cases. Persistence of suppuration and relapses are not uncommon. A partial removal of tuberculous matter might hasten systemic inoculation. Strict antisepsis is necessary.

Mechanical measures that enforce strict and long continued fixation of the joint are of supreme importance both before and after the operation, and no weight must be borne on the limb for at least a year after the sinus has closed.

Primary union was seldom secured and is not especially desired. When erasion is complete the suppurating sac-wall should be excised in toto.

Early excision, while life saving, does not yield as good locomotive results, as are secured by rigid care of the joint.

Free drainage is of the greatest importance.

A paper on

ABSCESSES IN HIP DISEASE, THEIR PREVENTION, SIGNIFICANCE AND TREATMENT,

by DRS. R. W. LOVETT and J. E. GOLDTHWAITE, of Boston, was read by the latter.

The treatment of abscesses of hip disease is a question which has been widely discussed, and one upon which diametrically opposed views have been held. No figures bearing upon the relative value of the treatment have yet been brought forward. The large number of cases reported by the essayists were treated at the Boston Children's Hospital. Of 288 cases reported by Dr. Gibney, the mortality per cent. was only 12½. Billroth, following cases after they had left his clinic, found a mortality of 31¾ per cent. Heuter in 86 cases found a mortality of only 27 per cent. In Cazin's series of 80 cases of suppurative hip disease (sent to Berck after they had ceased to improve in the Paris Hospitals), only 12½ per cent. died.

The operation for abscesses in hip disease is not attended with the risk of septicæmia which is sometimes attributed to it, and also that it does not prevent amyloid degeneration from taking place. In 43 cases where the present condition of the patient is accurately known, the abscess wound is closed in 20, and one or more sinuses are still open in 23. Of the cases where the sinuses are still open, in 5 a year has passed since operation, 10 are open at the end of two years, 7 at the end of three years, and 1 at the end of four years. In the 20 cases, 10 sinuses closed within a year after operation, and 6 between one and two years. Finally it may be said that thorough operation is followed in a fair proportion of cases by the speedy closure of the abscesses.

SEPT. 18—SECOND DAY—MORNING SESSION.

This session was devoted to the reading of short papers upon the treatment of hip disease, and papers were read as follows :

The Principles of Treatment, by Dr. N. M. Shaffer, of New York.

The Early Local Treatment, by Dr. A. J. Steele, of St. Louis.

The Operative Treatment, by Dr. De F. Willard, of Philadelphia.

DR. JOHN RIDLON, of New York, reported a case of

CONGENITAL DISLOCATION AT THE HIP.

The patient, a female, aged ten and a half years, came under his observation February 16, 1888. The great trochanter was two and a half inches above Nelaton's line, and it required a blocking under the foot of three inches to make her stand fairly erect. The old pattern of the Taylor extension hip splint was applied, and the leg elevated on an inclined plane. For one year the child did not leave her bed, and no relaxation of the contraction was once permitted ; at the end of this time it was possible to locate the head of the femur, which was found to be displaced upwards and forwards, lying almost directly below the anterior iliac spine, and the difference in the length of the legs was found to be reduced to one-half inch. A jointed splint was applied February 1, 1889, and the patient was allowed up. The case was interesting on account of the direction of the dislocation. He had been unable to find such another case recorded.

DR. BERNARD BARTON, of Buffalo, contributed a paper on

THE IMMEDIATE DISREGARD TO MALPOSITION OF THE THIGH IN THE TREATMENT OF HIP DISEASE,

in which he called attention to a plan of treatment purely fixative in character, which he had employed in the earlier stages of hip joint disease. This plan consists essentially in having the patient suspend himself by the head in the manner required for the application of the plaster-of Paris jacket in spondylitis. During this operation the foot of the well limb is made to rest on a block four to six inches in height, so that the affected limb will, by its own weight, exert traction upon the muscles about the hip joint.

The trunk and limb having been encased in stockinet, should then be wrapped with cotton wadding bandages to protect the surface from the sixth or seventh rib to the middle of the leg ; over this dressing plaster-of-Paris bandages should be applied in a manner to include the trunk, hip and limb within the limits indicated. Then strips of thin malleable steel should be bent to conform to the contour of the body and limb, and inserted between the bandages on the anterior, lateral, and posterior parts of the dressing. As soon as the dressing has become hard, it should be trimmed out on the inner side of the thigh where it passes under the perineum, and all of the edges smoothed to prevent chafing of the skin. A high shoe and crutches having been provided, the patient may be taught their use with the least possible delay. A splint thus formed will hold the hip joint in an immovable manner. It will possess sufficient strength to permit of the patient being lifted or carried without pain or the fear of painful movements of the joints.

In every instance in which the writer had used this dressing the patient had expressed feelings of relief as soon as the splint had been completed.

AFTERNOON SESSION.

The Association met in the lecture-room of the outpatient building of the Children's Hospital.

DR. E. G. BRACKETT, of Boston, read a paper on

AN EXPERIMENTAL STUDY OF DISTRACTION OF THE HIP JOINT.

in which he said the treatment of this subject consists in the consideration of the anatomical possibility of a distraction, influenced by the counteracting forces met in the living subject. The points involved are the resistance by the bony formation, the influence of atmospheric pressure, and the resistance from ligaments and muscles. In the adult the prominent part of the lower portion of the head of the femur rests in the bottom of the acetabulum, which affords a surface nearly horizontal for its support ; and traction is therefore mainly expended in pulling the head down on this surface. When a separation occurs it is shown by a widening at the hips as well as by an elongation of the limb. In children there is no such interlocking of these two bones, but the axis of the joint is more nearly paralled to the line of the leg, and a separation is indicated by an increase in length of the limb, and but slightly by an increase in width between the trochanters. The influence of atmospheric pressure was studied on the cadaver, but the conclusions were that this force was very slight and unimportant, and the effect of traction on the child's joint was studied experimentally on the cadaver, and it was found that there resulted an increase in length of between 2 and 3 mm. in ordinary positions, and 1.5 mm. and less in width.

The conclusions are that anatomically distraction is an evident fact. When clinically considered these results are applicable only with the influence of the muscular force in view. Such would come only from tonicity of contraction. The former is not a working force, but rather a condition of repose. A long continued state of the latter is physiologically impossible, for by our repeated and constant stimulation, the muscles become exhausted, and finally remain in a state of quiet, and in this condition allow as much elongation as would be necessitated by the anatomically possible separation. This behavior of the muscles was demonstrated on a case of congenital dislocation. Two subjects, under treatment for hip disease, who were favorable for an accurate measurement, were examined for any change in this bony relation, and in both a change of 2 mm. was found. The claim was not made for the occurrence of distraction whenever traction was used, nor that it is possible in every case of disease, but it is claimed for a breach of contact of the two surfaces when traction is properly applied under favorable conditions.

MR. JOHN H. HUDDLESTON, of Boston, read a paper entitled

AN ANALYSIS OF TWENTY-ONE CASES OF HIP DISEASE TREATED BY THE THOMAS SPLINT.

He said the splint had been applied in the Boston Children's Hospital by men, some of whom had seen Mr. Thomas' clinics, and others who had carefully studied the directions given by Thomas on the hip, knee and ankle. Special malleable iron for the material of the splint had been obtained, and great pains taken to make the appliance really a Thomas splint. On examining the records of both the hospital and the outpatient department, it was found that since 1881, twenty-one cases of hip-disease had been treated with this splint. No attempt had been made to choose the cases for the splint, but it had been put on in all the stages of the disease, and kept on, in some cases, throughout the course of the affection, and in other cases till the interests of the patient demanded a change. Moreover, it had been used not only as a treatment for the disease, but also as a special remedy for some temporary condition of deformity. Cases were seen once a month or oftener, and were taken from the ordinary class of outpatient cases. Of the twenty-one cases satisfactory notes have been obtained in fourteen, and notes sufficient to explain the use and the result of the splint in five more. One patient died shortly after the application of the splint, and one has not been heard from.

Before summing up the results, it may be added that it has been found difficult to fit the splint and more difficult to keep it in place after fitted. Of the fourteen patients whose histories are long enough to be valuable in estimation of the splint, nine had abscesses; at least nine had elevation of the trochanter above Nelaton's line; eleven had shortening of an inch or more; eight had atrophy of the thigh of more than two inches; five had 5° or more adduction; eight had some flexion; six had no motion at the joint; four had motion of only a few degrees; three had a good amount of motion; one had perfect motion; six were brought into the hospital for correction of deformity or relief of pain.

Finally, the character of the results obtained is shown by the table to be in a broad way: Good position with little flexion and adduction, but great shortening, great atrophy, and very constant elevation of the trochanter above Nelaton's line, with a remarkable percentage of abscesses.

Following the reading of these papers a large number of orthopedic cases were shown, after which the members of the Association visited the hospital wards.

EVENING SESSION.

The Association met at the Tavern Club, No. 4 Boylston Place, at 8.50 P. M.

DR. JOHN RIDLON read a paper on

FIXATION AND TRACTION IN THE TREATMENT OF HIP JOINT DISEASE.

He said the treatment of inflammation in and about the hip joint should, in a general way, be governed by the same principles that govern the treatment of inflammations of like character in other portions of the body, and that physiological rest of the inflamed structures is the chief end to be sought. By *physiological rest* he meant relief from the performance of the normal functions. The functions of the hip joint are motion and the sustaining of weight. Involuntary spasm may give pressure in the same way as does superimposed weight until convalescence is well established, and to counteract the muscular spasm so long as that spasm is in any way harmful. To remove the superincumbent weight, he places the patient in the horizontal position (not necessarily confining him to bed) on a patten with crutches, and a long extension splint. The most effective is obviously the horizontal position; next to this stands the high patten (four to six inches) and crutches, while the most convenient is the long extension splint.

DR. R. H. SAYRE, of New York, read a paper on

EXCISION OF THE HIP JOINT,

in which he said the *first* question that presented itself is whether it is proper to excise this joint under any circumstances, and *second*, if it is a proper operation, at what time is it best done, and in what manner? He believed ordinary cases of hip joint disease to be tubercular; that this tuberculosis is acquired, not inherited; that some additional local influence, such as injury, is necessary to determine the part of the body which is attacked, and that under appropriate mechanical treatment, commenced early in the disease, with good hygienic surroundings, nature, in the vast majority of cases, is able to effect a cure without excision of the joint. Much valuable time had been lost in the past while hesitating to excise. With the present improved methods of wound treatment there undoubtedly was a tendency to operate too early, and sometimes too often. In the operation, pains should be taken to remove all the diseased tissue, provided the patient is not too weak to endure a prolonged operation, and care should be taken to wound as few vessels as possible, and do the least possible damage to surrounding healthy structures, as the chances of general systemic infection are thus much lessened.

SEPT. 19—THIRD DAY—MORNING SESSION.

DR. G. W. RYAN, of Cincinnati, read a paper entitled

WHEN SHALL TREATMENT BE DISPENSED WITH IN SPONDYLITIS?

The writer believed that much might be said on this point. It was a matter which had a wide interest to every orthopedic surgeon, and was never an easy matter to determine. Little was said about it in orthopedic literature, for the reason, probably, that every surgeon believed that each case must be judged individually. He believed also that, as a rule, the orthopedic surgeon kept an apparatus on too long, and that the general surgeon took it off too soon. He had seen many cases of spondylitis in which the appliance had been removed too early, and many others in which he was satisfied that it was kept on too long. He stated that a slight increase in a kyphosis, which was already well-marked, made a very great change in its gait, in the appearance and the growth. The speaker believed that atrophy was, in a measure, a test of the efficiency of the treatment.

The nearer perfect the treatment the greater the atrophy. He believed that when disease was no longer present an appliance was a foreign body, and retarded muscular growth and exercise. No general rule could be laid down concerning the time treatment should be dispensed with, but some indications might be pointed out. Spondylitis might be found in two classes of cases—those who were essentially tuberculous, and those who were not, the disease, of course, being tuberculous in all. He thought that the type of the patient largely influenced the course of the disease. The general health of the patient reflected in a great degree the stage of the disease. Absence of pain was of little value, as efficient support always relieved that. He had often found a compensatory depression beneath the kyphosis indicative of cure, as pointed out by the older surgeons. Time determined little or nothing. Many cases of cervical and lumbar disease got well without treatment, and with fairly good results. Where the surgeon was satisfied that treatment could be done away with, the case must be carefully handled. The matter required a great deal of care, and the appliance should be slowly dispensed with. Massage, cold baths, and faradism were of great service at this time.

DR. A. J. STEELE, of St. Louis, read a paper on

A NEW EXERCISE IN THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

AFTERNOON SESSION.

DR. W. R. TOWNSEND, of New York, read a paper on

ACUTE ARTHRITIS OF INFARCTS,

in which he said that this was essentially an osteomyelitis in infant life, the difference in pathological conditions being largely due to difference in anatomical conditions and relations of the epiphysis to the joint. Various forms of staphylococci have been found in some cases, notably staphylococcus aureus and albus. The symptoms were quite constant—flexion of joint, the production of abscesses involving the joint, and constitutional symptoms of pyæmia. In the treatment early and complete evacuation of the inflammatory products was necessary, and heart stimulants and tonics should be given. Most cases occurred under one year of age, and in about fifty per centum of cases fatal results occurred. He reported seventeen cases, and from his examination of others found that the joints most affected were the hip, knee, and shoulder.

The following papers were read:

The Treatment by Portative Appliances of Ununited Fracture of the Thigh, by Newton M. Shaffer, of New York.

Operations Upon the Spine for the Relief of Pressure Paralysis, with the Report of a Case, by Drs. Herbert L. Burrell and W. N. Bullard, of Boston.

A Case of Functional Torticollis, Probably Due to Defective Eyesight (with exhibition of the patient), by Dr. R. W. Lovett, of Boston.

A Case of Congenital Absence of Five Ribs, with Resulting Deformities, by Dr. Homer Gage, of Worcester, Mass.

Officers for 1890.—President, Dr. De F. Willard, o Philadelphia; Vice-Presidents, Drs. A. J. Steele, o St. Louis, and A. B. Judson, of New York; Recording Secretary and Treasurer, Dr. G. W. Ryan, o Cincinnati; Corresponding Secretary, Dr. Samuel Ketch, of New York.

On motion, the Association adjourned to meet in Philadelphia, third Tuesday in September, 1890.

Book Reviews.

AN EXPERIMENTAL STUDY OF INTESTINAL ANASTOMOSIS with some practical suggestions as to a modified Technique, by A. V. L. BROKAW, M.D., St. Louis, Mo. Reprint from *Weekly Medical Review*, August 17, 1889.

The author's paper is a contribution in a field o surgery which is giving rise to considerable experiment.

It is early to come to any definite conclusions as regards special apparatus. The writer's mode o preparing his approximation rings has the advantage over Senn's plates, in the length of time and trouble required.

The question arises, is there sufficient approximation of tissue to warrant firm and rapid union, which is one of the virtues of Senn's plates? The idea was doubtless suggested by Senn's rubber ring, which is used in implantation.

The clamp, while good, has no advantage over the rubber band.

The operation suggested in gun shot wounds is feasible, but, as the author says, "is of value in some cases." The extent of surface injured, number and location of wounds would govern its application, but where applicable it is preferable to the other forms.

Pamphlets.

The Climate of Southern California in its Relation to Rena Diseases. By P. C. Remondino, M.D., San Diego, Cal President of Board of Health of San Diego, etc. Reprint from *Southern California Practitioner.*

Urinary Calculus and Lithotomy. By Thomas W. Kay, M. D., Scranton, Pa. Reprint from Maryland *Medical Journal*, of March 16, 1889.

Uterine Adeno-sarcoma with Pyometra. By Thomas W. Kay, M.D., Scranton, Pa. Maryland *Medical Journal.*

The Medical Digest.

THE most important element in the beginning of the treatment of chlorosis is to relax the bowels. Iron may be administered later.

THREE or four grains of chloral hydrate, dissolved in an ounce of glycerine, is recommended as a gargle in quinsy. It is efficient by being locally antiseptic, astringent and sedative.

SULFONAL is recommended for nightsweats by Dr. Boethrick, a dose of 0.5 gms. (grs. vijss) being usually sufficient, and its effect being noticed during the second night in less profuse perspiration.

THE character of the pain will differentiate sufficiently a conjunctivitis from an iritis, says Foucher; in conjunctivitis it is localized in the eye or eyelids; in iritis it radiates round the orbit.

INSTANTANEOUS REMEDY FOR LUMBAGO.—Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's hair brush.—*Peoria Medical Monthly.*

USES OF ANTIFEBRIN.—Salhi (*Corresp. f. Schweiz. Aerzte*) found antifebrin to act as a useful palliative in cases of sore throat and diphtheria; also in angina accompanied by high fever, the dose being 0.25 gm. three times daily.

ERYSIPELAS.—

Picric acid . . . . . 3 parts.
Water . . . . . 500 parts.

Wash five or six times a day.

—*Calvelli in Revue de Therapeutique.*

ANGINA PECTORIS.—

℞.—Hydrobrom. of cocaine . . . . . gr. x.
Alcohol . . . . . gtt. xv
Distilled aqua-lauro-cerasi . . . . . ʒ vj

Dose.—Inject beneath the skin, during an attack, one quarter or one-half of a Pravaz syringeful.

—*Dujardin-Beaumetz.*

IN blennorrhagia, especially the chronic form, try injections that return, of glycerole with boric acid, of a saturated solution of picric acid, or of the following formula:

℞.—Creasote . . . . . gtt. 10
Hamamelis,
Hydrastis . . . . . āā gtt. 20
Water or water of roses . . . . . ad oz. iv.

Dilute the latter solutions so that they will not burn.—BRENNAN, in *L'Union Med. du Canad.*

SUPPOSITORIES FOR ENDOMETRITIS.—Terrier, in the *Revue de Thér. Méd.-Chirurg.*, directs:

℞.—Powdered iodoform . . . . . ʒ ijss
Tragacanth . . . . . gr. viij
Glycerin
Distilled water . . . . . q. s.—M.

For 10 suppositories.

These suppositories should be made in the form of crayons, about the size of a nitrate of silver point, such as is used for cauterizing. Resorcin or salol may be used in place of iodoform in the formula, the same quantity being admissible. If, however, bichloride is preferred, the formula should be altered as follows:

℞—Sublimate of mercury . . . . gr. viij
Powdered chalk . . . . . ʒ vjss
Tragacanth . . . . . ʒ xxiv
Glycerin
Water . . . . . q. s.—M.

For 50 suppositories.

These suppositories should be placed in the cavity of the uterus after the vagina has been thoroughly washed and disinfected with sublimate solution. A tampon of iodoform gauze may be placed in the vagina.

DR. BARRAL has studied the properties of *Illicium parviflorum*, and as a result of his experiments upon dogs, concludes as follows:

Illicium parviflorum contains a toxic principle, causing in dogs vomiting, insensibility, paralysis of the hind limbs and marked tetanic movements.

This plant is poisonous in dosage slightly above 0.50 gr. per kilogr. of the animal's weight. Chemical analysis shows that this substance must be a glucoside, an alkaloid, or a something analogous to the bitter principle. —*La Province Medicale.*

COCAINE IN THE VOMITING OF PREGNANCY.—M. Fraipont Weiss prescribed this remedy in the uncontrollable vomiting of pregnancy, in teaspoonfuls every half hour, of a solution containing 15 centigrammes of the hydrochlorate of cocaine in 150 grammes of water.

Engelmann (of Creuznach), and Holtz used a solution of from three to ten per cent., and ordered it in daily doses of ten to thirty drops. Bois (of Aurillac), tried with equal success, a pomade containing 1 centigramme of the hydrochlorate to 50 grammes of vaseline, and applied this night and morning to the neck of the uterus.

Fraipont himself prefers the hypodermatic method, injecting beneath the skin of the epigastrium an entire Pravaz syringe full of a four per cent. solution. He considers that its administration by the stomach is preferable in cases indicating some quiescent for the nervous irritation of the stomach walls. Such is the uncontrollable vomiting of pregnancy. Bois' method seems to be useful only when the stomach is intolerant of cocaine solutions.—*Ann. de la Soc. Medico-Chirur. de Liege*, August, 1889.

ASTHMA AND THE UTERINE SYSTEM.—Dr. Peyer has recently written in the *Berliner Klinik*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma, the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful how to distinguish between the possible coincidence of true asthma and disease of the sexual functions and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.

Is Leprosy Hereditary?—Ortman, in the *Archiv. f. Derm. and Syph.*, Heft iii, 1889, gives a concise abstract of a paper by Dr. Armauer Hansen, in which the author gives the result of an interesting investigation. He went to America to visit the lepers who had emigrated from Norway, and examined in the States of Wisconsin, Minnesota, and Dakota lepers who had originally left Norway, and their descendants born in America. He arrived at the interesting result that of 160 lepers who had emigrated to America, the offspring had remained free to the third generation. This result, the author believes, shows emphatically that leprosy is not a hereditary disease. The fact that, of the 160 emigrants, only 16 or 17 are still alive without any new case having sprung up does not, in his view, show that leprosy is not contagious. He considers that the different mode of life in the new country does not afford the same opportunity of contagion that is given by the peculiar conditions of life in Norway.

—*British Medical Journal.*

Chorea Attributed to Poisoning by Iodoform.—The twenty-fifth annual report of the Jenner Hospital for Children in Berne contains a report of a secondary retropharyngeal abscess in a boy of six years, who was suffering from disease of the cervical vertebræ. Professor R. Demme opened this abscess, and a second, which had reached to the middle of the right clavicle. A little iodoform bougie was introduced in the fistulous canal, and the wound dressed with iodoform powder and gauze. Three days afterwards the boy suffered from headache, and complained of being sick, but the dressing was not changed, and a second iodoform bougie was introduced four days later, when convulsions began to occur gradually, passing on to chorea. The iodoform was then omitted from the dressing, and the chorea disappeared after a fortnight. A few weeks later another practitioner dressed the same case with iodol and iodol gauze, and again chorea appeared, lasting for three weeks.—*London Lancet.*

Pathology of Miners.—In the Section of Medicine of the Congress of Scientific Societies, held at Paris, June 11 to 15, 1889, Dr. Paul Fabre, of Commentry, spoke of the hygiene and diseases of workers in coal mines. His researches treated of (1) anæmia, especially that found among miners; (2) the hygienic condition of the mines; (3) the influence of subterranean work upon health; (4) the elevation of temperature in the mines; (5) the action of moist surroundings upon the workmen; (6) the anoxhæmia of the miners due to the influence of confined air; (7) the effect of the water in the mines upon the health of the laborers; (8) the sanitary condition of miners of the present day; (9) the effect of entozoa, and particularly of ankylostomes; (10) the different causes of the different forms of anæmia among miners.

He classified the diseases to which these men are subject into four groups: (1) of the air-passages (emphysema, chronic bronchitis, bronchial dilatation); (2) of the circulatory apparatus (anæmia, anoxhæmia, cardiac hypertrophy), (3) of the alimentary canal (dyspepsia, gastric vertigo, dysentery, helminthiasis); (4) of the organs of sense (otitis, deafness independent of plugs of wax and coal dust, cutaneous eruptions, such as miliaria, furuncles, erythema, prurigo, conjunctivitis, nystagmus, developed especially among those who work lying upon their backs or in other unnatural positions).—*Le Progrès Médical.*

Antipyrin in the Treatment of Diabetes.—A. Robin sums up the advantages of antipyrin in diabetes, according to his experience, as follows:

It may be employed from the outset in the treatment of diabetes where a glycosuria or acute polyuria is to be reduced without delay.

It is indicated when the diet, long continued and well tolerated, has produced its greatest effect in reducing the glycosuria and polyuria.

A wise combination of diet and antipyrin, associated in a sort of alternating manner, appears to be the best treatment for diabetes.

It is not necessary to continue the use of the drug if it does not produce an immediate and considerable diminution of the glycosuria.

The dose should not exceed twenty grains per diem.

If, with the quantity of urine diminishing, its density tends to increase, the use of antipyrin should be stopped immediately and permanently.

Albuminuria does not constitute an absolute contraindication. Its presence simply involves a question of its dose and of the duration of its use.

Finally, loss of appetite, emaciation, a sensation of weakness, or a sensation of tension in the face, are symptoms demonstrating, where they appear, that the use of the antipyrin is more harmful than useful even if the glycosuria should be influenced favorably.

—*La Semaine Médicale*, 1889, No. 15.

Treatment of Burns of the Eye—A. Trosseau.—Burns *caused by acids* should be treated by a free washing with water, and especially by the use of compresses (placed upon the half-open eye-lids) steeped in an alkaline liquid, as Vichy water. Ice compresses calm the pain, and sometimes prevent the development of inflammation.

Burns *caused by the use of caustics* (potash, lime, etc.), should be treated by very carefully cleaning the cornea and conjunctival cul-de-sacs and washing freely with carbolized water (1 to 200).

Burns *resulting from lime* are particularly serious, as they lead rapidly to perforation and destruction of the cornea, and as they also destroy the conjunctiva and are the cause of consecutive symblepharosis. One may sometimes avoid this accident by neutralizing the base with a very dilute acid, or employing Gosselin's method, which consists of the use of sugar water so as to obtain the soluble saccharate of lime.

We should care for *burns produced by hot metals* (lead for example) by completely cleaning out the eye, carefully removing the metallic particles which may remain fixed in the eye, and then applying over the organ compresses wet with carbolized water.

—*Revue de Therapeutique.*

Medical News and Miscellany.

THE great amphitheatre of the Paris School of Medicine has been destroyed by fire.

THE new training school for nurses opened in Cooper Hospital, Camden, October 11.

PROF. H. EARNEST GOODMAN has returned from his European trip, looking the picture of health.

CAMDEN'S Board of Health has pronounced pigeons kept in cellars as nuisances, but allows hog pens to exist.

DR. C. H. TAYLOR, of the *Medical World*, has just returned from a prolonged tour in France, Switzerland and Italy.

DR. W. B. MADDEN, a prominent physician, was killed at Johnstown, Penna., by an express train, while trying to cross the track near the depot.

A TRAINING school for nurses, in connection with the Johns Hopkins Hospital, Baltimore, was formally opened October 9. It will begin with eighteen students.

DR. HUGH M. SUTHERLAND died in a hospital in New York from the effects of morphine, which he swallowed on Wednesday afternoon in Union Square Park.

REV. SAMUEL JOHNSTON, M. D., an old and well-known physician in the southern part of the city, died on Tuesday at his residence, No. 1816 Christian street.

THE Beaumont Medical College and Hospital, Northwest corner of Walnut and Sixteenth Streets, St. Louis, was destroyed by fire last Tuesday night, October 8.

THE resignation of Dr. T. Gaillard Thomas from the position of Professor of Clinical Gynæcology in the College of Physicians and Surgeons, New York, is announced.

CHOLERA is prevalent at Pekin, and it is said that all foreigners, with the exception of the Custom House officials, and some other functionaries, have fled to the mountains for refuge.

Priceburg, near Scranton, Pa., is suffering from an epidemic of typhoid similar to the famous Plymouth outbreak, and due to water-infection. Fifteen per cent. of the population is said to be affected already.

DR. HIRAM CORSON, of Plymouth Meeting, celebrated his 86th birthday on Tuesday. On that day he read a paper on the "Treatment of the Insane" before the Chester County Medical Society, in Westchester.

AT a meeting of the Reading Medical Association held September 30, Dr. F. W. Frankhauser, graduate of Jefferson Medical College, 1880, Medico-Chirurgical, 1888, was elected president; Dr. Howard Reeves, vice president; Dr. C. Kurtz, secretary; Dr. Raudenbirsh, Dr. Cleaver, censors; Dr. S. L. Kurtz, treasurer.

THE deaths of the following eminent foreign medical men are announced: Dr. Preiss, of Carlsbad; Dr. Oré, Professor of Physiology in Bordeaux; and Dr. Rudolph Voltalini, Professor of Laryngology and Otology in Breslau.

DR. W. H. CORFIELD reported to the Committee of Works of the Parish of St. George that he had failed to trace any connection between the recent outbreak of typhoid fever at the West End, London, and the milk supply.

DR. THOMAS STEWART, SR., a prominent physician of Cumberland county, died at Ontario, Ohio, at the age of 75 years. He was the father of Dr. Thomas Stewart, of Carlisle; Dr. W. J. Stewart, of Newville, and Dr. Sloan Stewart, of Ohio.—*Times.*

A despatch from Ishpeming, Michigan, says that typhoid fever is epidemic in a number of Upper Peninsular towns, notably, at Negaunee and Ironwood, there being nearly one hundred cases in each of these cities. The State Board of Health is making an investigation.

CARBONDALE, Oct. 10.—The State Board of Health has issued a proclamation declaring diphtheria to be epidemic in this city, and Mayor Kelly has issued his edict, calling upon the citizens to place their properties in a healthy condition. There are over sixty cases under treatment.

THE Surgeon-General of the Marine Hospital Service received a telegram recently from Dr. Posey, at Jacksonville, Fla., saying that the president of the State Board of Health reports several cases of yellow fever at Key West. The Surgeon-General says that there is no need of apprehension, and that every precaution has been taken to prevent the spread of the disease.

JOHNSTOWN, Oct. 12.—Fever is raging throughout the city. Many crowded houses have two and three patients in them. All the wards of the Red Cross Hospital are filled with fever sufferers. Money is plentiful, however, and the work of reconstruction is going on rapidly.

TYPHOID fever is epidemic at Aurora, West Virginia, and it is said the country for miles around is infected. "There is scarcely a family without one or more of its members prostrated with the disease, and in some localities there are scarcely enough well persons to nurse the sick."

THE well-known and able ophthalmologist, Prof. Dr. Jacobson, of Königsberg, died on the 16th inst., at Cranz, a watering place on the Baltic. The deceased was the father of Dr. Julius Jacobson, likewise a well-known ophthalmologist, who has been residing in London for several years past.

THE American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M. D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, Secretary, 814 North Sixteenth street, Philadelphia. Pa.

DR. D. W. HARRINGTON, fifty-five years of age, died in Lockport, New York, yesterday, "evidently from an overdose of morphine." He leaves a wife and son, Rev. P. Harrington, Chaplain of Deveaux College, at Suspension Bridge.

MEETING OF THE ANGLO-AMERICAN MEDICAL SOCIETY.—The first social gathering of the Anglo-American Medical Society took place at the Grand Hôtel, Paris, on the evening of September 30, 1889. This Society owes it origin to the initiative of Dr. Thomas Linn. Among the members who attended were:—Sir Spencer Wells, the distinguished London surgeon, who presided; Dr. Stanley M. Rendall, Aix-les-Bains; Dr. Wakefield, Aix-les-Bains; Dr. G. H. Brandt, Cannes; Dr. F. M. Sandwith, Cairo; Dr. St. Clair Thomson, Florence; Dr. C. E. Cormack, Hyères; Dr. Wm. Niven, Lausanne; Dr. J. A. Barnard, Dr. Boggs, Dr. Bull, Dr. John Chapman, Dr. E. Dupuy, Dr. Faure-Miller, Dr. Hon. Alan Herbert, Dr. Oscar Jennings, Dr. D. Hogg, Dr. Thomas Linn, Dr. C. J. Loughnan, Dr. Nachtel, Dr. J. G. Ponce, Dr. E. Warren-Bey, and Dr. Webb, all of Paris; Dr. W. H. Bagnell, Pau; Dr. F. J. R. Holland, St. Moritz; Dr. Mackenzie, Spa.

Among the invited guests were:—Dr. Madge, of London; Dr. Dean, Dr. Loewenburg, and Dr. Landolt, of Paris; Dr. Worms, of the French Academy of Medicine; Professor Michäelis, of the Paris Dental School; Rev. Mr. Ratcliff, of Paris; Mr. Robert J. Seabury, of New York; Dr. Schetelig, of Hamburg; and Mr. J. H. Hobson, of the Anglo-American Bank.

After the guests had done justice to an excellent *menu*, Sir Spencer Wells rose and proposed the toast of "The Queen, President Harrison, and President Carnot," which was drunk standing. Then "Long Life and Prosperity to the Society" was proposed by the President, and felicitously responded to by Dr. Hon. Alan Herbert. Sir. Spencer's health was given by Dr. Faure-Miller in a neat little speech. Sir Spencer's "heart-felt thanks" were warmly applauded.

Dr. Dupuy spoke to "Our Invited Guests," to which Dr. Worms replied, highly complimenting Sir Spencer Wells on his remarkable achievements in surgery, referring especially to ovariotomy, which the speaker himself, after much opposition from the profession, had at last been able to introduce into France. Dr. Worms then declared that he was sure that English and American medical men would, in the pursuit of their scientific studies, be received in the future, even more than in the past, with that cordiality characteristic of the French medical profession at the capital.

The last toast of the evening was then proposed by Dr. Holland, of St. Moritz, who thanked the Hon. Sec., Dr. Thomas Linn, for having made it possible for them to enjoy such a delightful evening.

Dr. Linn, on rising amidst general applause, said: "In returning thanks for the kind and flattering toast proposed to my health, I can only say that I am pleased to find that my share of the efforts to promote social intercourse and good fellowship between our brethren who practise abroad is appreciated. I trust that the future will increase the present kindly feeling that exists between us, and that we shall *all* meet again next year in good health."

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from October 8, 1889, to October 14, 1889.

STEINMETZ, WM. R., Captain and Assistant-Surgeon. Ordered for examination for promotion. Par. 3, S. O. 236, A. G. O., October 10, 1889.

SMITH, A. K., Lieut.-Colonel and Surgeon. Leave of absence extended twenty-one days on surgeon's certificate of disability. Par. 7, S. O. 234, A. G. O., October 8, 1889.

CARTER, EDWARD C., Captain and Assistant-Surgeon. Granted leave of absence for twenty days. Par. 6, S. O. 234, A. G. O., October 8, 1889.

MUNDAY, BENJAMIN, Captain and Assistant-Surgeon. Granted four months' leave of absence. Par. 2, S. O. No. 233, A. G. O., October 7, 1889.

Changes in the Medical Corps of the United States Navy for the week ending October 12, 1889.

BRIGHT, G. A., Surgeon. Detached from temporary duty at the Naval Academy, and placed on waiting orders.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute uræmia, recent discoveries regarding the intimate nature of, Jones. N. W. Lancet, Oct. 1, 1889.

Antitubercular power of iodoform, the question of the, Pilcher. Annals of Surgery, Sept., 1889.

Atresia vagina, Richmond. Kansas Med. Journal, Oct. 1889.

Abdomen, étude physiologique et thérapeutique du massage de la, Hirschberg. *Bull. Gèn. de Thér.*, 30 Sept., 1889.

Abdominal section, etc, comparative merits of, Rosenwasser. Annals of Gynæology, Sept., 1889.

Antisepsie medicale, recherches cliniques et expérimentales sur la, Pétresco. Bulletin Général de Thérapeutique, 30 Septembre, 1889.

Bone grafting in man, Ollier. Amer. Practitioner, Oct., 1889.

Bysuna, Brown. Texas Courier Record, Sept., 1889.

Cirrhoses of the liver, on recovery in, after repeated aspiration. Medical News, Oct. 12, 1889.

Compound fractures, the conservative treatment of, with an illustrative case, Whitehead. *Ibid.*

Case, a, not wholly hypothetical, Stearns. American Journal of Insanity, Oct., 1889.

Chlorosis, simple anæmia, and pernicious anæmia, the relations between, including leucocythæmia and Hodgkin's disease, Henry. Medical News, Oct. 12, 1889.

Carcinoma of the lower portion of the œsophagus, a case of, Hadra. Texas Courier Record, Sept., 1889.

Cinchona, a study of, Kent. N. Y. Med. Times, Oct., 1889.
Cerebral localization, Fisher. Amer. Jour of Insanity, Oct., 1889.
Clinical morphology *vs.* bacteriology, with some therapeutic deductions, Cutter. Medical Bulletin, Oct., 1889.
Consultation, a, thirty years ago, Monroe. Med. Bulletin, Oct. 1889.
Catarrhal fever, Thruston. Texas Courier Record, Sept., 1889
Cholera infantum, a note on the circumstances under which warm weather determines the prevalence of, Williams. Occident Med. Times, Oct., 1889
Diphtheritic paralysis, Adler. The Amer. Lancet, Oct., 1889.
Dermatitis, gangrænosa infantum, notes of a case of, Moore, Australian Medical Journal August 15, 1889.
Diabetes mellitus in children, Allen, Archives of Pediatrics. Oct., 1889.
Double consecutive castration for primary tuberculosis of testicles, Perkins. Annals of Surgery, Sept., 1889.
Die Behandlung der häufigsten Augenkrankheiten, Königstein. Internationale Klinische Rundschau. 22 Sept., 1889.
Die Pharmacopœa Austrica, Editio VII., nebst den in derselben vorkommenden Aenderungen und Neuerungen, Nevinny. Wiener Medizinische Presse, 22 Sept., 1889
Dürfen syphilitisch-inficirte Aerzte ihre ärztliche Thätigkeit fortsetzen? Neisser. Centralblatt für Chirurgie, 28 Sept., 1889.
Der Urin bei Neurosen, Peyer. Deutsche Medizinal Zeitung, 26 Sept., 1889.
Die paroxystische Hämoglobinurie, Cimfali. *Ibid.*
Ein Fall von progressiver Muskelatrophie, beginnend an der Unterextremität, Donath. Wiener Medizinische Presse, 22 Sept., 1889.
Eine neue dermoplastische Amputation, Baracz. *Ibid.*
Epidemic dysentery, Atkeson. Southern Clinic, Oct., 1889.
Electricity in skin and venereal diseases, Shoemaker. Med. Bulletin, Oct., 1889.
Extra-uterine pregnancy, a case of, terminating naturally, Lowry. Texas Courier Record, Sept., 1889.
Epilepsy, Reynolds. Kansas Medical Journal, Oct., 1889.
Echinococcus cysts of the liver, the operative treatment of, Thomas. Australian Med. Jour., Aug. 15, 1889.
Enuresis, atropine in, Watson. Archives of Pediatrics, Oct., 1889.
Fingers, the amputation of, Australian Medical Journal, Aug. 15, 1889.
Fistula in ano, a simple method of treating, Mathews. Weekly Med. Review, Oct. 5, 1889.
Glanders in man and beast, Paquin. Amer. Veterinary Review. Oct., 1889.
Gleet and its relations to stricture, Dukeman. Pacific Med. Journal, Oct., 1889.
Goitre, traitement du, par les injections interstitielles de teintures d'iode, Terrillon. Bulletin Général de Thérapeutique, 30 Sept., 1889.
Hypnotics and antipyretics, Winsey. Md. Med. Jour., Oct. 5 1889.
Hypnotics and anæsthetics, chemistry of, Christopher. Cin Lancet Clinic, Oct. 5, 1889.
Hydatid cyst of the liver, rupture, recovery, Markham. American Practitioner, Oct., 1889.
Les Congrès de Paris, quelques remarques relatives à la tuberculose et à l'alcolisme. L'Année Medicale, 15 Sept., 1889.
La carne injetta e la tubercolosi, Lindaei. La Salute Publica, 15 Agosto, 1889.
Lacerations of the perineum, some observations on, Griffin. Canada Lancet, Oct., 1889.
Molecular dynamics of the encephalon, William. American Journal of Insanity, Oct., 1889.
Mouth, diseases of the (non-surgical, continued), Forchheimer. Archives of pediatrics, Oct., 1889.
On pain in the small of the back and thighs, Jeffries. The Boston Medical and Surgical Journal, Oct. 3, 1889.
Osteotomy and osteoclasis, ultimate results of, Goldthwait. *Ibid.*
Out-patient hospital, reform and provident dispensaries, Rentone. Hospital Gazette, Sept. 28, 1889.
Organes pelviens, nouvelle méthode pour atteindre les, par la voie sacrée, Roux. Gazette de Gynécologie, 1 Oct., 1889.

The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD *will be sent to any physician, free of expense, upon application.*

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DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

THE solution and elimination of an excess of uric acid and urates is, according to many authorities, best attained by intelligent combination of certain forms of Lithia and a Kidney Alterative.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in the diseases of the Uric Acid Diathesis, at once justified the therapeutic claims for Lambert's Lithiated Hydrangea when first announced to the Medical Profession, whilst subsequent use and close clinical observation have caused it to be regarded by Physicians generally as the best and most soothing Kidney Alterative and Anti-Lithic agent yet known in the treatment of

Urinary Calculus, Diabetes, Gout, Cystitis, Rheumatism, Hæmaturia, Bright's Disease, Albuminuria and Vesical Irritations generally.

BRIGHT'S DISEASE.

DIETETIC NOTE.—A rigid milk diet has given good results in many cases.

Allowed.—Fish, sweet breads, sagotapioca, macaroni, baked and stewed apples, prunes, etc.; spinach, celery, lettuce, etc., may be used in moderation in connection with a milk diet, without impairing its effect, and with great comfort and enjoyment to the patient.

Avoid.—Strong coffee and tea, alcoholic stimulants, soups and made dishes.

We have had prepared for the convenience of Physicians **Dietetic Notes,** suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

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Please mention The Times and Register.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry, malt liquors, and sweet wines, are veritable poisons ct these patients.

TO PHYSICIANS.

Milliampere-meter.

FOR INDICATING THE STRENGTH OF CURRENT OR DOSAGE.

The scale is graduated in thousandths of an Ampere, called Milliamperes and has a range from Zero to 1000. Extremes of current employed are never less than ¾ nor more than 1000 Milliamperes. This instrument is indispensable to the physician who desires to intelligently employ electricity in his practice.

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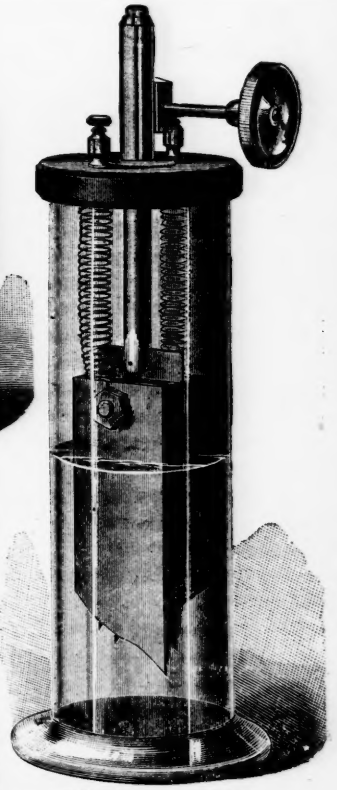

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LAW TELEPHONE COMPANY, 85 John St., New York.

Notes and Items.

GOUBERT speaks favorably of bromide of gold in epilepsy; given in doses of eight to twelve milligrammes daily; the dose being lessened on the production of severe headache. Other neuroses are also benefited by the same remedy.

WE ARE ALL POSTED.—The last issue of *The Medical Review* promises a future article on What to Do When Stung by a Hornet. We don't believe any one will wait with bated breath for that article. We have all been there. The thing to do is to jump two feet high and yell for the poultice.

—Detroit *Free Press.*

'TIS not the food, but the content,
That makes the table's merriment.
Where trouble serves the board, we eat
The platters there as soon as meat.
A little pipkin, with a bit
Of mutton or of veal in it,
Set on a table, trouble free,
More than a feast contenteth me. —*Herrick.*

THE RENEWAL OF COLLEGE LABOR.—Professor of Geology: "Gentlemen, at the close of the spring term I asked you to report to me, individually, any object of extraordinary interest you might meet in your respective outings. Mr. Corbett, you may begin."

Corbett, '91: "Please, sir, mine had yellow hair, blue eyes and a tailor-made suit.—*Puck.*

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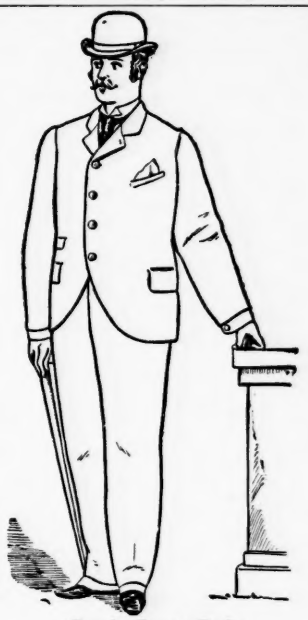

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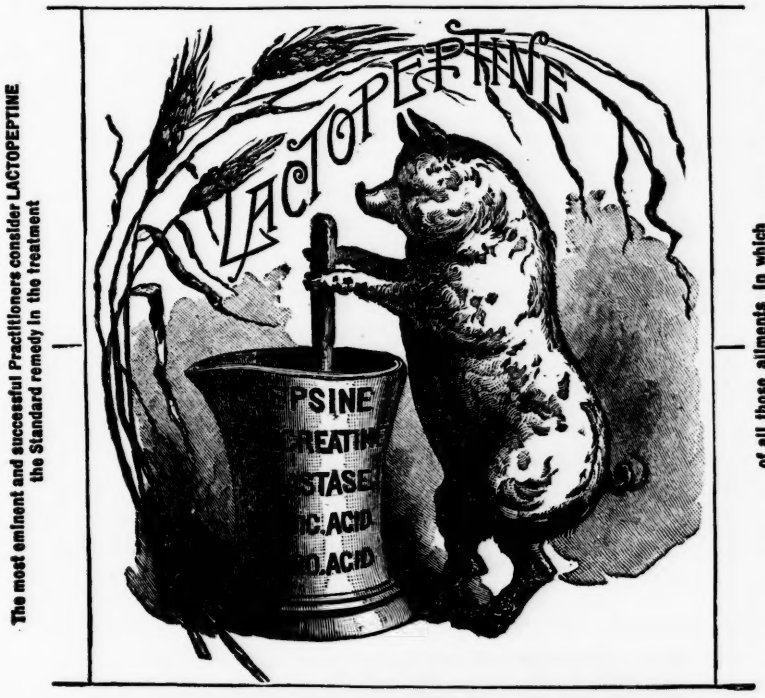

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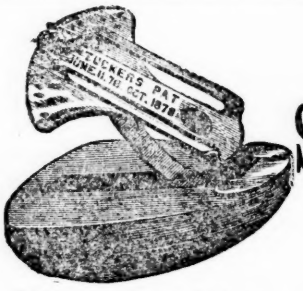
THE TUCKER  SPRING PAD TRUSS.

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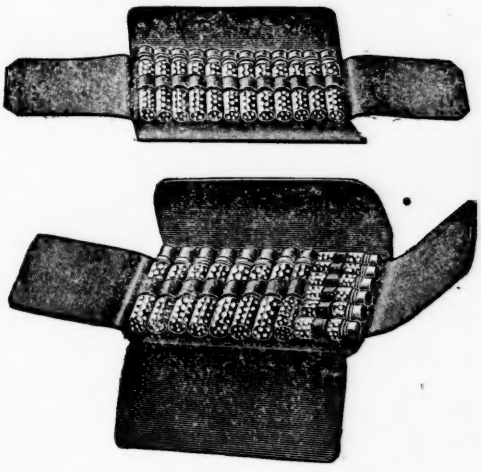

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